SAGINAW UNDERWATER EXPLORERS

MEMBERSHIP APPLICATION

Established March 1, 1959

www.saginawunderwaterexplorers.org

THIS IS A ☐ NEW APPLICATION ☐ RENEWAL

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGE _____ SEX ☐ MALE ☐ FEMALE OCCUPATION _____

PHONE _____ E-MAIL ADDRESS _____

MARTIAL STATUS ☐ SINGLE ☐ MARRIED SPOUSES NAME _____

Scuba Rating or professional instruction completed:

☐ SSI ☐ PADI ☐ NAUI ☐ YMCA ☐ SCIP ☐ FSDA

☐ LA COUNTY OTHER _____

DATE PASSED _____ LOCATION _____

SCUBA EXPERIENCE

WHO REFERRED YOU TO THE SAGINAW UNDERWATER EXPLORERS? _____

WAIVER OF LIABILITY

We / I do this in the full knowledge of the potential hazards of skin and scuba diving activities and hereby absolve the Saginaw Underwater Explorers, Inc., its officers, directors and members of any and all liability in the event of injury or death to the applicant while participating in any and all club activities. I have no medical conditions that prevent me from diving.

I do hereby affirm that the above statements are true and do agree to abide by the constitution of the Saginaw Underwater Explorers, Inc. All assets borrowed from the club remain the property of the club and shall be returned upon request or when my membership expires.

SIGNATURE _____ DATE _____

For those under the 18 years of age the following must be completed.

We / I the undersigned, do hereby give full permission to our minor son / daughter to join the Saginaw Underwater Explorers, Inc. as a member and further do permit him / her to participate in all skin and scuba diving activities of the Saginaw Underwater Explorers, Inc. and accept the above Waiver of Liability.

_____ _____ _____

Parent or legal guardian Date Witness

Return the completed form and dues check of $25 to:
David Sommers
Treasurer / Saginaw Underwater Explorers
3664 N. River Rd.
Freeland, MI 48623
treasurer@saginawunderwaterexplorers.org
Membership fees for new members, joining in the last quarter of any year, will include membership to the end of the next fiscal year.

Official Use

Date Received _____ CK #_____

Approved _____

WP _____