

# Aquaholics Dive Club, Inc.

## Membership Application

Primary Name: \_\_\_\_\_

Family Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place my name in membership directory :    Yes                    No

Membership Dues:    Family \$35/year            Single \$25/year

List Special Dive Interests:

Make check payable to:            **Aquaholics Dive Club**

Mail to: