

SCRR Application for Membership

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: Home: _____ Work: _____

Email: _____ Fax #: _____

Spouse / Alternative Other: _____

Alternate Phone Number Home: _____ Work: _____

Diving Information:

Certification Level: _____

C-Card Number: _____

Dive Interests: _____

General Information:

Emergency Contact: _____

Emergency Phone #: _____

Medical Insurance Carrier: _____

Medical Insurance #: _____

Dive Insurance Carrier: _____

Dive Insurance Card #: _____

Medical Conditions: _____

Application Information:

Application Fee: _____

Application Date: _____

Cash: _____ Check #: _____

Received By: _____

Membership dues renew every January for all members. The individual rate is \$25.00 per year and the family rate is \$40.00. As new members join they pay a pro-rated quarterly rate for the balance of the current year. The pro-ration is as follows:

Jan - Mar	\$25.00 S	\$40.00 F
Apr - Jun	\$19.00 S	\$30.00 F
Jul - Sept	\$13.00 S	\$20.00 F
Oct - Dec	\$ 7.00 S	\$10.00 F

S=Single F=Family