

## NEWTOWN UNDERWATER SEARCH & RESCUE (NUSAR) Membership Application



| NUSAR MEMBERSHIP APPLICATION  |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|-------------------------------|----------------|--|-------------------------|---------|-------|-----------|----------------------|-------------|-----------|------------|---------------|--|--|
| APPLICANT INFORMATION         |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| Name:                         |                |  |                         |         |       |           |                      | Today'      | s Date:   |            |               |  |  |
| Date of Birth:                |                |  | Phone:                  |         |       |           |                      | Cell Phone: |           |            |               |  |  |
| Address:                      |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| City:                         |                |  |                         | State:  |       |           |                      | ZIP Code:   |           |            |               |  |  |
| E-mail:                       |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| EMPLOYMENT INFORMATION        |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| Current employer:             |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| Employer                      | loyer address: |  |                         |         |       |           |                      |             | How long? |            |               |  |  |
| Phone:                        |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| City:                         |                |  |                         | State:  |       |           |                      |             | ZIP C     | ode:       |               |  |  |
| Position:                     |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| EMERGENCY CONTACT INFORMATION |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| Name:                         |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
| Address:                      |                |  |                         |         |       |           |                      | Phone:      |           |            |               |  |  |
| City:                         |                |  |                         | State:  |       |           |                      | Cell Phone: |           |            |               |  |  |
| Relationship:                 |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|                               |                |  |                         | REI     | FERRE | D TO NUSA | R BY:                |             |           |            |               |  |  |
| Name:                         |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|                               |                |  | D                       | IVER CE | RTIFI | CATION IN | ORMATION             |             |           |            |               |  |  |
| AGENCY                        |                |  | CERTIFICATION SPECIALTY |         |       |           | CERTIFICATION NUMBER |             |           | R          | DATE OF ISSUE |  |  |
| EX: PADI                      |                |  | Open Water              |         |       | 264785TF  |                      |             |           | 01-23-2008 |               |  |  |
|                               |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|                               |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|                               |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|                               |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|                               |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|                               |                |  |                         |         |       |           |                      |             |           |            |               |  |  |
|                               |                |  |                         |         |       |           |                      |             |           |            |               |  |  |



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| REFERENCES  |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|---|---------------------------------|-----------------|---------------------------------|---|--------------|----------------------------|--|--|--|--|--|
| Name  | Address                         |                 |                                 |   | Phone        |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
| Number of Logged Dives:   | Number of Logged Dives: Cold Wa |                 |                                 |   | Low Visibili | lity Diving: Yes No        |  |  |  |  |  |
| Deepest Dive Depth:   | Public Sa                       | afety Diving: : | ety Diving: : Yes No Involved i |   |              | n an Dive Accident: Yes No |  |  |  |  |  |
| Longest Dive Time:  | Date of                         | Last Dive:      |                                 |   |              |                            |  |  |  |  |  |
| List Details of Dive Accidents Below  |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
| REASONS FOR JOINING NUSAR   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 | SIGN            | ATURE                           | S |              |                            |  |  |  |  |  |
| I authorize the verification of the information provided on this form.                    |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
| Signature of applicant: To Be Signed During Member Interview                              |                                 |                 |                                 |   |              | Date:                      |  |  |  |  |  |
| Mail Application to: Newtown Underwater Search & Rescue, P.O. Box 3203, Newtown, CT 06470 |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
| E-Mail Completed Application to: Info@NUSAR.Org Telephone: 203-270-4390                   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
|   |                                 |                 |                                 |   |              |                            |  |  |  |  |  |
| Fax Completed Application to: 203-426-1403  |                                 |                 |                                 |   |              |                            |  |  |  |  |  |