



# Windy City Seals SCUBA Diving Club

## Membership Application 2018

To insure that your application is accurately processed  
 Please **complete each required section. Print all information.**  
 Sections denoted with \*\* are optional.

<input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Yes, print my contact info on the phone list for Club distribution only
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### Section I: Contact Information Renewal Members check here if this is a new address.)

First Name:		Last Name:		**NABS ID:	
Address:				Apt. No.:	
City:	State:	Zip:	Country:	Birth Month & Day	
Home Ph:	**Work Ph:		**Cell/Beep:		**Fax:
E-mail Address:			**Spouse/Partner's Name:		
**Profession: (Check all that apply)					
<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Medical	<input type="checkbox"/> Student		
<input type="checkbox"/> Advertising/Marketing/Sales	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Military	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Business/Customer Service	<input type="checkbox"/> Info Sys/Technology	<input type="checkbox"/> Public Safety			
<input type="checkbox"/> Education	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Real Estate			
<input type="checkbox"/> Engineering	<input type="checkbox"/> Legal	<input type="checkbox"/> Retired			

### Section II: Dive Information Non-Diver)

Current Certification Level: <input type="checkbox"/> OW <input type="checkbox"/> AOW <input type="checkbox"/> MSD <input type="checkbox"/> DM <input type="checkbox"/> INSTR	Certifying Agency: <input type="checkbox"/> PADI <input type="checkbox"/> NAUI <input type="checkbox"/> SSI <input type="checkbox"/> YMCA <input type="checkbox"/> PDIC <input type="checkbox"/> Other _____	C-Card Number:
Type of Diver: <input type="checkbox"/> Recreational <input type="checkbox"/> Public Safety <input type="checkbox"/> Technical	Number of Dives Logged: <input type="checkbox"/> 0 <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-99 <input type="checkbox"/> 100+	Dive Insurance Carrier: <input type="checkbox"/> DAN <input type="checkbox"/> Other Policy #: _____ Expiration Date: ____/____/____
<i>The Windy City Seals SCUBA Diving Club recommends that all divers carry dive insurance.</i>		

### Section III: Emergency Information

In case of emergency contact:	
Name(s): _____	Location: _____
Phone(s): _____	
I hereby certify that I am mentally and physically fit to dive and assume responsibility for any injury and/or damage, which I may experience while on a Windy City Seals club trip or event.	
Sign: _____	Date: _____

### Section IV: Club Business Card Information No cards needed)

<input type="checkbox"/> Address	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell / Beeper
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### Section V: Membership Dues (Period from January 1 through December 31. See Treas. for prorated dues amounts.)

<input type="checkbox"/> Renewal - Class One or Two \$ 50 (\$12.50 Late fee after March)	<input type="checkbox"/> New Member - Class One or Two \$ 60
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(a) **Class One membership** shall be open to divers over 18 years old, certified by a nationally/internationally recognized diving certifying agency.

(b) **Class Two membership** shall be open to persons under the age of 18 and to persons not certified by a nationally/internationally recognized diving certifying agency

I, \_\_\_\_\_, will support and promote the objectives of the **Windy City Seals SCUBA Diving Club**.

Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Make Checks Payable to **Windy City Seals SCUBA Diving Club**  
 Return Application to **P.O. BOX 802877, Chicago, IL 60680-2877**

E-mail us at [infowindycityseals@gmail.com](mailto:infowindycityseals@gmail.com)  
 Find us online at [www.windycityseals.com](http://www.windycityseals.com) and  
 on the National Association of Black Scuba Divers website at [www.nabsdivers.org](http://www.nabsdivers.org)