



## Windy City Seals SCUBA Diving Club Membership Application

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

- ☐ New Member  
☐ Renewal  
☐ Yes, print my contact info on the phone list for Club distribution only

### Section I: Contact Information ☐ Renewal Members check here if this is a new address.)

(Primary Contact if Class 3 Membership)  First Name: _____		Last Name: _____		**NABS ID: _____	
(For Class 3 Membership) Organization / Business Name: _____					
Address: _____					Apt. No.: _____
City: _____	State: _____	Zip: _____	Country: _____ Birth Month & Day _____		
**Home Ph: _____	Cell Ph: _____		**Work Ph: _____		
E-mail Address: _____			**Spouse/Partner's Name: _____		
For Class 3 Members - Web Address: _____					
<b>**Profession: (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Accounting/Finance  <input type="checkbox"/> Advertising/Marketing/Sales  <input type="checkbox"/> Business/Customer Service  <input type="checkbox"/> Education  <input type="checkbox"/> Engineering                 </div> <div style="width: 33%;"> <input type="checkbox"/> Entertainment  <input type="checkbox"/> Human Resources  <input type="checkbox"/> Info Sys/Technology  <input type="checkbox"/> Law Enforcement  <input type="checkbox"/> Legal                 </div> <div style="width: 33%;"> <input type="checkbox"/> Medical  <input type="checkbox"/> Military  <input type="checkbox"/> Public Safety  <input type="checkbox"/> Real Estate  <input type="checkbox"/> Retired                 </div> <div style="width: 33%;"> <input type="checkbox"/> Student  <input type="checkbox"/> Other _____                 </div> </div>					

### 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 Vendor _____ Policy #: _____ Expiration Date: _____

*The Windy City Seals SCUBA Diving Club recommends that all divers carry dive insurance.*

### Section III: Emergency Information

In case of emergency contact:

Name(s): \_\_\_\_\_ Location: \_\_\_\_\_

Phone(s): \_\_\_\_\_

### Section IV: Personal Responsibility Statement

☐ I hereby certify that I am mentally & 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.

☐ My organization / business along with members / associates assume responsibility for any injury and / or damage, which may be experience while on a Windy City Seals Club trip or event.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### Section V: Club Business Card Information ☐ No cards needed

<input type="checkbox"/> Address	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Work Phone
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### Section VI: Membership Dues

*(Period from January 1 through December 31. Late fee may apply after March. Contact Treasurer for prorated dues.)*

<b>Class One Member</b> <input type="checkbox"/> New \$ 60 <input type="checkbox"/> Renew \$ 50	<b>Class Two Member</b> <input type="checkbox"/> New \$ 40 <input type="checkbox"/> Renew \$ 30	<b>Class Three Member</b> <input type="checkbox"/> New or Renew \$30
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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 Nonvoting membership** shall be open to persons under the age of 18 and to persons not certified by a nationally/internationally recognized diving certifying agency

**(c) Class Three Nonvoting membership** shall be open to organizations and businesses

### Section VII: Image Permissions *(Select 1 statement that applies.)*

☐ My signature below indicates permission for my image, including photograph and video, to be used by the Windy City Seals SCUBA Club for marketing purposes. This also includes my organization / business's members and associates.

☐ I give my permission to use photo / video images of the minor in my care for Windy City Seals SCUBA Club marketing purposes.

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

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Guardian Signature (If applicable)

\_\_\_\_\_  
Date

Make Checks Payable to **Windy City Seals SCUBA Diving Club**

Return Application to **P.O. BOX 802877, Chicago, IL 60680-2877**

(For information about electronic payment and form submission email us at [infowindycityseals@gmail.com](mailto:infowindycityseals@gmail.com)

Find us online at [www.windycityseals.com](http://www.windycityseals.com) and at the National Association of Black Scuba Divers website, [www.nabsdivers.org](http://www.nabsdivers.org)