



Windy City Seals SCUBA Diving Club

Membership Application 2021

To ensure 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 *Renewing 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:	
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: ____/____/____

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

Section III: Emergency Information

In case of emergency contact:
Name: _____ Location: _____ Phone: _____

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.
Signature: _____ 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
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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.

Section VI: 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.
- I give my permission to use photo/video images of the minor in my care for Windy City Seals Club marketing purposes.

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

_____/_____/_____
Member Signature and Date

_____/_____/_____
Member's Guardian Signature and Date *(if applicable)*

Make Checks Payable to Windy City Seals SCUBA Diving Club | Return Application to P.O. Box 802877, Chicago, IL 60680-2877.
For electronic form completion and payment, contact Brenda Marshall (Seals Treasurer) at BGMarshall@usa.net

E-mail us at infowindycityseals@gmail.com | Find us online at www.windycityseals.com and on the National Association of Black SCUBA Divers website at www.nabsdivers.org