



# FOUR LAKES SCUBA, INC.

P.O. Box 6112 □ MADISON, WI 53716

<http://www.fourlakesscubaclub.org>

[info@fourlakesscubaclub.org](mailto:info@fourlakesscubaclub.org)

## APPLICATION FOR MEMBERSHIP

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NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### CLUB FEES:

ANNUAL MEMBERSHIPS (MAY ANNIVERSARY):  SINGLE-\$24,  COUPLE-\$36 (check one)

INITIAL SIGNUP FEE-\$5 (REPAYABLE AFTER 2 MONTHS LAPSE OF MEMBERSHIP)

### PERSON TO CONTACT IN CASE OF EMERGENCY

NAME \_\_\_\_\_ PHONE HOME \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### TRAINING

ADVANCED LIFE SAVING \_\_\_\_\_ FIRST AID \_\_\_\_\_ CPR \_\_\_\_\_

DIVE CERTIFICATION AGENCY (YMCA, PADI, NASDS, ETC.) \_\_\_\_\_

DATE AND LOCATION OF CERTIFICATION \_\_\_\_\_

ADVANCED SCUBA TRAINING (RESCUE DIVER, DIVEMASTER, SPECIALTIES, ETC) \_\_\_\_\_

OTHER RELATED TRAINING (WSI, BOATING, SPECIALTIES, ETC) \_\_\_\_\_

### PERSONAL DIVING HISTORY

APPROXIMATE NUMBER OF OPEN WATER DIVES

QUARRY \_\_\_\_\_ LAKE \_\_\_\_\_ RIVER \_\_\_\_\_ CAVE \_\_\_\_\_ ICE \_\_\_\_\_

WRECK \_\_\_\_\_ OCEAN \_\_\_\_\_ PHOTO \_\_\_\_\_ OTHER \_\_\_\_\_

BRIEFLY STATE YOUR DIVING INTERESTS AND EXPERIENCES \_\_\_\_\_

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I, THE UNDERSIGNED, HEREBY CERTIFY THAT ALL THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NO PHYSICAL OR MENTAL IMPAIRMENTS WHICH WOULD LIMIT MY PARTICIPATION IN DIVING ACTIVITIES. I HEREBY APPLY FOR MEMBERSHIP IN FOUR LAKES SCUBA, INC. AND AGREE TO ABIDE BY THE CONSTITUTION AND THE BY-LAWS OF THE CLUB. I, THE UNDERSIGNED, HEREBY RELEASE FOUR LAKES SCUBA, INC. AND ITS OFFICERS, MEMBERS, AND AGENTS FROM ANY LIABILITY FOR DAMAGE, INJURY, OR DEATH TO ANY PERSON OR PROPERTY RESULTING FROM MY PARTICIPATION IN ANY FOUR LAKES SCUBA, INC. ACTIVITY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_