



Brisbane Water

Aqualung Club Ltd

ACN 003 231 123

22 Brisbane Water Drive Koolewong NSW 2256

Tel 02 43420201

email: cba47221@bigpond.net.au

MEMBERSHIP / RENEWAL APPLICATION FORM

I / We the undersigned applicant/s hereby apply for membership/membership renewal of the Brisbane Water Aqualung Club Ltd (the Club) for the financial year ending:

30 / 06 / _____

Membership Application is for: New Member

Membership Renewal

Tick appropriate box: All figures are in Australian Dollars

<input type="checkbox"/> Junior or Non Diving Member \$25 per year	<input type="checkbox"/> Single Diving Member..... \$80 per year
<input type="checkbox"/> Family Membership \$100 per year	<input type="checkbox"/> Visiting Member..... \$25 per month
<input type="checkbox"/> Co-membership..... \$40 per year	

By applying for BWAC Membership / Renewal, I / We hereby agree to be bound by the rules and regulations as set out in the BWAC's Constitution, Club Rules and Articles of Association and By-laws. I / We further acknowledge and understand that BWAC does not carry Public Liability Insurance and that I / We participate in BWAC activities at entirely my / our own risk. I / We declare that I / We have appropriate certification and training or experience in the activity of SCUBA diving and can produce such certification to club officials if requested.

Completed Application forms along with payment can be:

Posted to: **BWAC 22 Brisbane Water Drive, Koolewong, 2256** (Cheque or Mail Order)
Submitted to: **The Club Meeting:** 730 Pm 2nd Thursday of Month at Central Coast Leagues Club Dane Dr Gosford

Method of payment: - Australian Dollars only.

Please make Cheques/Money Orders Payable to:
Brisbane Water Aqualung Club Ltd

Cash Cheque Australian Money Order Amount Payable \$

Name	_____		
Additional names (Family)	_____		
Residential Address	_____		
City / Town / Suburb	_____	State / Prov	_____
Country (If visitor)	_____	Post / Zip Code	_____
Postal Address	_____		
City / Town / Suburb	_____	State / Prov	_____
Country (If visitor)	_____	Post / Zip Code	_____
Tel No. Private	_____	Tel No. Bus	_____
Fax No.	_____	Mobile No.	_____
Email	_____	Profession	_____
Certification & type	_____	Club (co-mem)	_____
Signature	_____	Date	_____ / _____ / _____

Office use only – Club official or nominated member to sign only if "C" card of applicant has been sighted

Approved by _____ Signature _____ Date ____ / ____ / ____