

INFORMATION SHEET

NEW Members Only - Please Print Legibly

Name:	Date:
Mailing Address:	
City:	State: Zip:
Home Phone:	Cell Phone:
e-mail:	
Certification Agency:	Certification Level:
Number of logged dives:	How many within the last year?
Can we count on you to volunteer?	
Besides mask, fins, snorkel & bo	oties, what dive gear do you have? (Please check all that apply)
□Wetsuit □Drysuit □Hood	□Gloves □BCD □Computer
□Regulator □Gauge Conse	ole
What kind of diving activ	rities are you interested in? (Please check all that apply)
□SoCal Boat Day Trips	□SoCal Live-aboard Boat Trips □Night Dives
□Avalon Day Trips □Local Beach Dives □Lobster Hunting	
☐Tropical/Vacation Dive Trips	Other (Please Specify)
What kind of diving speci	alties are you interested in? (Please check all that apply)
□Advanced □Deep □	Wreck □Night □Rescue □CPR/EFR
□Search & Recovery □Peak F	Buoyancy
□Master Scuba Diver □Dive №	Master
If you have any special talents & would like to offer them to the club, please list them.	