



## HALIFAX LEATHERBACKS SCUBA CLUB

Membership application

[www.leatherbacks.ca](http://www.leatherbacks.ca)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E MAIL ADDRESS \_\_\_\_\_

### CERTIFICATION INFORMATION

AGENCY \_\_\_\_\_ CERT. # \_\_\_\_\_

LEVEL \_\_\_\_\_

# OF DIVES TO DATE: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE #'S \_\_\_\_\_

#### **MEMBERSHIP FEES:**

MAY 01 TO APRIL 31: \$35.00 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_