

AJ DIVE CLUB MEMBERSHIP SHEET

DATE JOINED: _____

NAME: _____

RANK: _____ LAST 4: _____

EMAIL: _____

PHONE CELL/DSN #: _____

LOCATION: _____

UNIT: _____

SUPERVISOR NAME: _____

SUPERVISOR CONTACT INFO: _____

LICENSED AND WILLING TO DRIVE:

NTV: _____ VAN: _____ BUS: _____

WHEN ARE YOU SCHEDULED TO LEAVE THEATER? _____

ARE YOU CERTIFIED? (YES/NO) _____ WHAT ORGANIZATION? _____

NAME ON CERTIFICATION CARD: _____

DO YOU NEED A RECERTIFICATION/REFRESHER TRAINING? (YES/NO) _____

(MORE THAN 1 YEAR SINCE LAST DIVE)

CURRENT CERTIFICATION LEVEL

CHECK ALL THAT APPLY

OPEN WATER: _____

ADVANCED OPEN WATER: _____

RESCUE DIVER: _____

MASTER DIVER: _____

DIVE MASTER: _____

INSTRUCTOR: _____

OTHER SPECIALTIES: _____

DESIRED CERTIFICATION LEVEL

CHECK ALL THAT APPLY

OPEN WATER: _____

ADVANCED OPEN WATER: _____

RESCUE DIVER: _____

MASTER DIVER: _____

DIVE MASTER: _____

INSTRUCTOR: _____

OTHER SPECIALTIES: _____

CPR QUALIFIED WITH PROOF: (YES/NO) _____

DO YOU HAVE EQUIPMENT: (YES/NO) _____

EQUIPMENT SIZES IF NEEDED: (CIRCLE ONE)

BCD: XXS XS S M L XL XXL XXXL

WET SUIT: XXS XS S M L XL XXL XXXL

FIN: XXS XS S M L XL XXL BOOT/SHOE: _____