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Normalair Underwater Club - 2017 /2018 Country Member Application

Da	ate of application:	e of application:			
SURNAME:	NAME:	MIDDLE NAME:			
PREFERRED NAME:					
NUMBER: DATE OF BIRTH:					
MOBILE NUMBER: WORK CONTACT NUMBER:					
EMAIL ADDRESS:					
PHYSICAL ADDRESS:					
DIVE QUALIFICATION:					
DO YOU HAVE AN IN-DATI	E DIVING MEDICAL	CERTIFICATE?(PLEA	SE PROVIDE COPY)		
NEXT OF KIN (NAME_ADD	RESS AND CONTA	ACT NUMBER):			



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	PLEASE MARK THE ACTIVITIES YOU	WOULD BE INTER	RESTED IN:	
	SCUBA DIVING			
	UNDER WATER HOCKEY			
	FREE DIVING			
	SPEAR FISHING			
	PRESENTATIONS ABOUT UNDERWAT	ER ACTIVITIES		
	OTHER SOCIAL EVENTS			
	TRAINING (PLEASE SPECIFY):			
OTHER (PLEASE SPECIFY)				
NAME	AND CONTACT DETAILS OF INTRODUC	ING NUC MEMBE	:R:	
APPLI	CANT SIGN	DATE		
COMM	NITTEE USE ONLY			
Date o	f application processing			
Appro	ved/denied (reason)			
COMM	IITTEE MEMBER	SIGN	DESIGNATION	DATE