



4314 Metropolitan Dr, Cleveland, Ohio 44135-1842

Membership Application Form

Please print and mail this form, with payment, to the above address or bring it to the next club meeting.

_____ \$20.00 for one-year individual membership

_____ \$25.00 for one-year family membership

_____ \$9.00 for one year membership in the Ohio Council of Skin & Scuba Divers

Name _____ Email _____

Address _____ Phone () _____

City _____ State _____ Zip _____

The following release is necessary for divers to participate in any club dives.

I hereby state that I have taken a certified scuba course and have been issued a C-card. I further state that I understand the risks inherent in the conduct of scuba diving and that my welfare cannot be the responsibility of Bay Area Divers Inc. and I hereby release from any and all claims Bay Area Divers Inc., its members, officers, dive coordinators and agents, of any liability pertaining

to scuba diving. To the best of my knowledge and belief I am in a good state of health so as not to put myself in danger or anyone else.

Signature _____