



National Association of Black Scuba Divers Membership Application

To insure that your application is accurately processed, please complete each section and print all information.

New Member
 Renewal

Section I: Contact Information Renewal Members check here if this is a new address.)

First Name:		Last Name:		NABS ID:
Address:				Apt. No.:
City:	State:	Zip:	Country:	
Home Phone:	Work Phone:		Ext.:	
E-mail Address:				
Your NABS Correspondence Preference: <input type="checkbox"/> Email <input type="checkbox"/> USPS Mailing				
<i>Note: If you do not indicate your preference Email is the default.</i>				
Profession:				
<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Legal		
<input type="checkbox"/> Advertising/Marketing/Sales	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Medical		
<input type="checkbox"/> Business/Customer Service	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Retired		
<input type="checkbox"/> Education	<input type="checkbox"/> Info Sys/Technology	<input type="checkbox"/> Military		
		<input type="checkbox"/> Student		
		<input type="checkbox"/> Real Estate		
		<input type="checkbox"/> Other _____		

Section II: Dive Information Non-Diver

Current Certification Level: <input type="checkbox"/> OW <input type="checkbox"/> AOW <input type="checkbox"/> MSD <input type="checkbox"/> DM <input type="checkbox"/> INSTR	Certifying Agency: <input type="checkbox"/> PADI <input type="checkbox"/> NAUI <input type="checkbox"/> SSI <input type="checkbox"/> YMCA <input type="checkbox"/> PDIC <input type="checkbox"/> Other: _____	C-Card Number:
Type of Diver: <input type="checkbox"/> Recreational <input type="checkbox"/> Public Safety <input type="checkbox"/> Technical	Number of Dives Logged: <input type="checkbox"/> 0 <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-99 <input type="checkbox"/> 100+	* Dive Insurance Carrier: <input type="checkbox"/> DAN <input type="checkbox"/> Other _____ Expiration Date: ____/____/____
* NABS recommends that all divers carry dive insurance.		

Section III: Club Information

Club Name:	Position Held:
If you don't belong to a local club, can we send your information to a club in your area: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section IV: Membership Dues (Dues cover a period from January 1 through December 31.)

<input type="checkbox"/> \$45 Full Membership (Certified Divers Only)	<input type="checkbox"/> \$600 Lifetime Membership
<input type="checkbox"/> \$30 Non-diver Membership	<input type="checkbox"/> \$750 Lifetime Family Membership
<input type="checkbox"/> \$65 Family Membership*	<input type="checkbox"/> \$_____ NABS Youth Educational Summit Donation
<input type="checkbox"/> \$20 Student membership (full time students only)	<input type="checkbox"/> \$_____ Science & Education Committee Donation

* Please list below each family member to be covered under this application. Please note all correspondence will be directed to the name listed on the top of this application. Only certified divers are given voting rights. Divers 18 -22 must hold individual not family membership.

Name(s)	Relationship	Diver?	If diver, Certification Level/Agency	NABS ID

Relationship: SP=Spouse, CH=Child

I, _____, will support and promote the objectives of the National Association of Black Scuba Divers.

Date: ____/____/____

Signature

Select Payment Method: () Check or Cash () PayPal () e-commerce

Make Checks Payable to NABS

Submit Application:

Via E-mail To:

Membership@nabsdivers.org

Or Mail To:

NABS

**ATTN: Chris Searles
3380 Bramblevine Cir
Lithonia, GA 30038**