



Aqua Corp Membership Application

Name:		Date:
Address:		
City:	State:	Zip Code:
Phone home:	Work:	Fax:
Cell:	Email:	
Occupation:		DOB:
Marital Status:	Spouse's Name:	
Emergency contact:		
Contact's Address and phone #:		
NABS #:	# of years with NABS:	
Club Affiliation:		
Have you ever served on Aqua Corp? :		
If yes, list Summits and years served:		
Identify Aqua Corp members you have worked with:		

DIVER INFORMATION

Certification Agency:

Member #:

Certification Agency:

Member #:

Certification Agency:

Member #:

Certification Agency:

Member #:

Years Diving:

No. of Logged Dives:

Types of Dives:

List two locations where most of your dive experience came from (i.e.: Caribbean, Europe, North Atlantic, California, Great Lakes, etc.):

Certification Level:

Specialty Certifications:

Liability Insurance? :

If yes, insurance carrier:

Dive Insurance carrier and no.:

DAN O2 provider or equivalent: Yes _____ No _____

Are you current with CPR/First Aid: Yes _____ No _____

Specialty Instructor Certifications:

Would you be interested in doing certifications at the Summits?

If Yes, list certifications:	
What value can you bring to NABS and the Aqua Corp?	
What do you feel is the purpose of the Aqua Corp? :	
What are your professional diving goals? :	
Shirt size :	Jacket size:

Please email this application to: safetyofficer@nabsdivers.org