

# SCRR Application for Membership

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

Spouse / Alternative Other: \_\_\_\_\_

Alternate Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Diving Information:**

Certification Level: \_\_\_\_\_

C-Card Number: \_\_\_\_\_

Dive Interests: \_\_\_\_\_

**General Information:**

Emergency Contact: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Medical Insurance #: \_\_\_\_\_

Dive Insurance Carrier: \_\_\_\_\_

Dive Insurance Card #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**Application Information:**

Application Fee: \_\_\_\_\_

Application Date: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Received By: \_\_\_\_\_

Membership dues renew every January for all members. The individual rate is \$25.00 per year and the family rate is \$40.00. As new members join they pay a pro-rated quarterly rate for the balance of the current year. The pro-ration is as follows:

Jan - Mar	\$25.00 S	\$40.00 F
Apr - Jun	\$19.00 S	\$30.00 F
Jul - Sept	\$13.00 S	\$20.00 F
Oct - Dec	\$ 7.00 S	\$10.00 F

S=Single F=Family