



Membership & Contact Details.

Name: _____ Age: _____

Address: _____

Post Code: _____

Home Phone No: _____

Mobile Phone No: _____

E-mail: _____

Any Medical Conditions: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact
Number _____

Qualification Held: _____

Type of Diving Preferred: _____

ALL DIVING WILL BE AT MEMBERS OWN RISK. J & K DIVERS WILL NOT ACCEPT ANY RESPONSIBILITY FOR ANY ACCIDENTS TO MEMBERS OR THEIR EQUIPMENT.

SIGNATURE: _____