

PGI Dive Club Membership Application

Date: _____

Name: _____ Nickname: _____

Spouse/Significant Other: _____

Contact Information:

Email: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

Emergency Contact person: _____

Health Insurance/DAN Insurance Info: _____

Dive Certification(s):

Agency	Level	Date of Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ex. NAUI, PADI Ex. Advanced, Tech.,
Rescue, etc.

Diver Preferences/Experience:

Choose One: __ Diver __ Snorkeler __ Non-Diver (Bubble Watcher)

Choose One: __ Computer __ Tables

Choose One: __ Nitrox __ Air

Diver Interests (Check all that apply):

- Reef Spearfishing Wreck
- Lobstering Night Cave
- Photography/Videography
- Other: _____
- Other: _____

Places Visited: _____

Places I want to Dive: _____

Favorite Dive: _____

Email completed form to pgidiveclub@outlook.com. Attach copy of your c-card (front and back) and insurance card (optional) for use on dive trips.