



**Aquatic Voyagers Scuba Club of New York  
2011 Membership Application  
Section I: Contact Information**

Name:		
Address:		
City, State & Zip:		
Home Phone:	Work Phone / Ext.:	Cell Phone:
E-mail Address:	Emergency Contact:	Phone :
Profession:		
<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Engineering	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Public Safety
<input type="checkbox"/> Advertising/Marketing/Sales	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Legal <input type="checkbox"/> Real Estate
<input type="checkbox"/> Business/Customer Service	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Medical <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"/> Other: _____		

**Section II: Dive Information**

Current Certification Level:	<input type="checkbox"/> Non-Diver <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:	Number of Dives Logged:	Dive Insurance Carrier:
<input type="checkbox"/> Recreational	<input type="checkbox"/> 0 <input type="checkbox"/> 1-50 <input type="checkbox"/> 51-99 <input type="checkbox"/> 100+	<input type="checkbox"/> DAN <input type="checkbox"/> Other _____
<input type="checkbox"/> Technical <input type="checkbox"/> Public Safety		Expiration Date: ____/____/____

AVSC recommends that all divers carry dive insurance.

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

<input type="checkbox"/> \$40	New Individual Membership	<input type="checkbox"/> \$60	New Family Membership
<input type="checkbox"/> \$70	New Two Year Individual Membership	<input type="checkbox"/> \$110	New Two Year Family Membership
<input type="checkbox"/> \$30	Renew Individual Membership	<input type="checkbox"/> \$50	Renew Family Membership
<input type="checkbox"/> \$50	Two Year Individual Renewal	<input type="checkbox"/> \$90	Two Year Family Renewal
<input type="checkbox"/> \$	Sujon Low Memorial Fund ( Donation)	<input type="checkbox"/> \$30	Student Membership

Paid by: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card      Date Submitted: \_\_\_\_\_

Is applicant a member of NABS Yes____ No____	If Yes NABS ID#		
Family Member(s) to be covered by this application:	Relationship	Diver?	NABS ID

Relationship: S=Spouse, C=Child

AVSC has created a 3 level membership status. Full Membership = a certified diver who has paid AVSC and NABS dues. Voting privileges are granted at the full membership level. Associate Membership = a non-certified diver who has paid AVSC and NABS dues. Voting privileges are not granted at this level. Supporter = a person who contributes \$40 or more to AVSC. This person may be a diver or non-diver. Final approval of AVSC application is contingent upon NABS membership application and dues submitted to NABS headquarters.

I \_\_\_\_\_, will support and promote The Aquatic Voyagers Scuba Club (AVSC) an affiliate of the National Association of Black Scuba Divers (NABS).

Make Check/Money Order Payable to AVSC  
Return Application to:  
**Aquatic Voyagers Scuba Club of New York**  
**Grand Central Station**  
**P.O. Box 42**  
**New York, NY 10163**