



MEMBERSHIP APPLICATION - 2017

Please complete all sections in legible print!

Membership Type

New Renewal

Membership Fee

Individual: \$20 (\$10 after 9/1)

Family*: \$40 (\$20 after 9/1)

* Each family member must fill out a separate form.

Member Info

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail(s): _____

Birthday (Month/Day): ____/____ **Newsletter Option:** If you want a hardcopy newsletter, please check here:

Dive Info:

Agency: _____ Certification Level: _____ Years Diving: _____

(PADI, NAUI, YMCA, etc)

(open water, advanced, rescue, etc)

Membership Status

- Check one of the following:

TI/Raytheon/DRS/Air Liquide/MEMC (current or past employee)	
Spouse of the above	
Dependent of the above	
Guest Member (check here if none of the above options apply)	

Disclaimer

I understand that sport diving can be strenuous and do hereby enter this club of my own free will and at my own risk. I do hereby release from any and all liability the sponsors, officers and members of this club and the Texins Association of any and all claims arising by reason of injury or other loss occasioned by me at anytime before, during or after membership or participation in this club. I also agree that any information or products disseminated by or through this club carry no express or implied endorsement or warranty by this club or its sponsors.

Signature: _____

Date: _____

Make check payable to **Texins Dive Club** and send to:

Questions: E-mail: secretary@texinsdiveclub.com

Texins Dive Club

c/o Karl Renner

7415 Hundley Blvd.

Dallas, Texas 75231-4727

----- Do Not Write Below This Line -----

Amount Paid _____ Cash _____ Check # _____ Initial _____ Date _____