

**APPLICATION FOR MEMBERSHIP IN THE TRITONS SCUBA CLUB**

1. Applicant must be a minimum of 21 years of age.
2. Applicant must be actively interested in the sport of SCUBA diving, and hold a nationally recognized diving certificate, or pass a Triton proficiency test.
3. Upon receipt of completed application and the sum of \$58.00 (\$10.00 initiation fee and \$48.00 annual dues, all non-refundable), the applicant shall receive all privileges to full membership (except voting) for 12 months. These privileges include: meetings, dives, social events, training events, use of club equipment, and twelve issues of the monthly newsletter, the **TRITON TRIB**.

Please detach and return with a copy of your diving certification card and a check for \$58.00 payable to The Tritons to: The Tritons, Membership Committee, P. O. Box 1025, Des Plaines, IL 60017.

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(Please print clearly)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ B Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diving Experience: \_\_\_\_\_  
\_\_\_\_\_

Cert. Level: \_\_\_\_\_ By: \_\_\_\_\_ Card #: \_\_\_\_\_ Date: \_\_\_\_\_

LIST ANY MEDICAL/PHYSICAL LIMITATIONS WHICH MIGHT AFFECT YOUR DIVING:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby apply for membership to the TRITON SKIN AND SCUBA DIVING CLUB:

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Sponsor/Source of information about the club: \_\_\_\_\_