COASTAL SCUBA DIVE CLUB MEMBERSHIP REGISTRATION

REGISTRATION DATE

MEMBER DE LAILS		
NAME		EMERGENCY CONTACT
# / STREET / Aptmt.	NAME/ ADDRESS	
CITY	CITY	
STATE ZIP CODE		STATE ZIP CODE
TELEPHONE	TELEPHONE	
CELL	CELL	
E'MAIL	RELATION	
DIVEC	REDENTIALS	
CERTIFICATION LEVEL	AGENCY	SINCE
ADDITIONAL ACREDITATIONS Check square if CERTIFIED	Check circle if NOT	CERTIFIED but you are interested in taking this course
	VER SPECIALTY	
	R SPECIALTY	
	ON SPECIALTY	INTRO- CAVE DIVER
	/ER SPECIALTY	
	ATER HUNTER	
NUMBER OF DIVES	HOW OFTEN	DO YOU LIKE TO DIVE
PAYMENT INFO		COMMENTS
PLEASE NOTE: If you choose to enter your credit card details. Be advised that Coastal Scuba will not keep this information on file. It will be discarded after		what your expectations are, as a new DIVE CLUB MEMBER.
being used for this transaction. You may wish to print out this form and mail it along with your check. TO:	Add your com	ments and questions :
Coastal Scuba, 1901 HWY 17 S. N Myrtle Beach. SC 29582. OR: Visit our magnificent new store and register in person.		
Card Type 2007 FEE \$25.00		
Card Number Expiration /		
Security Code (the last 3 digits on the signature strip)		
Check to authorize payment	τ	