



Membership Application Form

Section A. Applicant Information

Name: _____

Telephone: _____

Address: _____

Mobile: _____

City: _____

Email: _____

County: _____

Date Of Birth: _____

Country: _____

Male

Female

Post Code: _____

SAA Membership No: _____

New Club Member

SAA Club Name: _____

Student Starter Pack Required

SAA Club No: _____

Existing Club Member

Date: _____

Note: It is a requirement for new members below Club Diver to purchase the SAA "Student Starter Pack"

Section B. SAA Diving Qualifications

Social

Trainee

Snorkel

Elementary Diver

Open Water Diver

Club Diver

Dive Leader

Dive Supervisor

National Diver

Any other Diving Qualifications: _____

Section C. SAA Instructor Qualifications

Snorkel

Assistant

Club

Open Water

Regional

National

Any other Instructor Qualifications: _____

Section D. Other Information

How many years have you been diving? 0 - 1 1 - 2 2 - 4 5 +

Are you a member of any other Diving Organisation/s? Yes No

If Yes please state: _____

How did you hear about the SAA?: _____

Office Use Only

Received: _____

Entered: _____

Note the information submitted on this form will be stored on a computer system.