



Ryde Underwater Club

P.O. Box 144 West Ryde, 1685

Membership Application & Renewal Form

New Membership

All memberships expire on June 30; new memberships are determined *pro rata* based on the current month:

| | <u>Jul – Sep</u> | <u>Oct – Dec</u> | <u>Jan – Mar</u> | <u>Apr – Jun</u> |
|--|------------------|------------------|------------------|------------------|
| <input type="checkbox"/> Single Diving Membership..... | \$85..... | \$65..... | \$45..... | \$25 |
| <input type="checkbox"/> Family Diving Membership*..... | \$130..... | \$100..... | \$70..... | \$40 |
| <input type="checkbox"/> Social (Non-Diving) Membership..... | \$30..... | \$30..... | \$30..... | \$30 |
| <input type="checkbox"/> Committee-approved Guest Member | nil..... | nil..... | nil..... | nil |

* Family membership covers two or more diving members in the same family.

Nominated By: _____ Nominator's Signature: _____

Nominator must be a current diving member.

Renewing Membership

Month when renewal fee is paid:

| | <u>Jul – Aug (discounted)</u> | <u>Sep – Jun (full price)</u> |
|---|-------------------------------|-------------------------------|
| <input type="checkbox"/> Single Diving Membership | \$75 | \$85 |
| <input type="checkbox"/> Family Diving Membership..... | \$115 | \$130 |
| <input type="checkbox"/> Social (Non-Diving) Membership | \$30 | \$30 |
| <input type="checkbox"/> Existing Life Member..... | nil..... | nil |

Personal Details For a family membership, a separate form is required for each diving member.

Name: _____ DOB: ____ / ____ / ____

E-mail Address: _____

Residential Address: _____

Postcode: _____

Mailing Address: _____

(if different from above)

Postcode: _____

Phone (H): _____ Phone (W): _____ Mobile: _____

Members' names, addresses and contact details are made available **only to other club members** through the Club Yahoo-Groups system. Please indicate whether you wish your details to be available to other members:

Yes, make details available

No, don't make details available

Emergency Contact This section is optional.

Name: _____ Relationship: _____

Phone (H): _____ Phone (W): _____ Mobile: _____

Committee Use Only

Page 1 completed:

Diving Qualifications 'C' card must be sighted by a Committee member before you can dive with the Club.

Certification No: _____

Certification Level: Open Water Advanced Rescue Dive Master Other: _____

Certification Agency: PADI SSI NAUI TDI/SDI Other: _____

Number of Dives: <10 10 – 50 50 – 100 100+

Validation of Certification Card

Committee Name: _____ Committee Signature: _____

Boat Licence Information

Do you hold a current NSW Boat Licence? Yes No

Licence Number: _____ Expiry Date: ____ / ____ / ____

Do you own a boat? Yes No

Club Boat Driver and Tower Information

Do you wish to become an approved Club boat driver?

Yes No I am already an approved Club boat driver

To tow the Club boat you must have a vehicle capable of towing approx 1,500kg.

Do you wish to become an approved Club boat tower?

Yes No I am already an approved Club boat tower

Ryde Underwater Club Disclaimer All members must sign this section.

I acknowledge that in consideration of the acceptance of my application for membership or renewal of membership of the Ryde Underwater Club Inc (hereinafter called "RUC" and "the Club") by its Committee on behalf of the association of its members and notwithstanding anything contained in the RUC Constitution, RUC Rules or elsewhere, neither RUC, its Committee nor its members shall be liable for any loss, damage or injury however caused at any time, and whether caused by any acts, default or negligence of the Club, its Committee, its members, servants, agents or independent contractors, and that all activities undertaken with the Club shall be entirely at my own risk.

As a member of the Ryde Underwater Club Inc. I agree to the above disclaimer and also agree to comply with the RUC Constitution and RUC Rules.

Signature: _____ Date: ____ / ____ / ____

| Committee Use Only | | New membership | |
|---------------------------|--------------------------|-------------------------------|--|
| Page 2 completed: | <input type="checkbox"/> | Date considered by Committee: | ____ / ____ / ____ |
| Date form received: | ____ / ____ / ____ | Application approved: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date fee received: | ____ / ____ / ____ | Membership number: | _____ |
| Fee amount received: | \$ _____ | Date new member package sent: | ____ / ____ / ____ |
| Receipt number: | _____ | Membership list updated: | ____ / ____ / ____ |