

Solitary Islands Underwater Research Group Incorporated

Member 2

First Name	Surname	Gender
St Address		
Date of Birth	Home Phone	Mobile
Email Address		
Next of Kin	Relationship	Phone
Choose Member Type: Diver	Non Diver	Snorkeller
Highest Dive Qualification	Certifying Body	
O ₂ Qualification	First Aid	
Date of Last Dive	Estimated Total Dives	Dives in Last Year

Your skills / interests (*Please list those appropriate*) e.g. conservation, underwater photography, marine awareness, first aid, web skills/IT, compiling grant applications, surveys, research, event coordination, other:

Solitary Islands Underwater Research Group Incorporated

Member 3

First Name

Surname

Gender

St Address

Date of Birth

Home Phone

Mobile

Email Address

Next of Kin

Relationship

Phone

Choose Member Type: Diver

Non Diver

Snorkeller

Highest Dive Qualification

Certifying Body

O₂ Qualification

First Aid

Date of Last Dive

Estimated Total Dives

Dives in Last Year

Your skills / interests (*Please list those appropriate*) e.g. conservation, underwater photography, marine awareness, first aid, web skills/IT, compiling grant applications, surveys, research, event coordination, other:

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Member 4

First Name	Surname	Gender
St Address		
Date of Birth	Home Phone	Mobile
Email Address		
Next of Kin	Relationship	Phone
Choose Member Type: Diver	Non Diver	Snorkeller
Highest Dive Qualification	Certifying Body	
O ₂ Qualification	First Aid	
Date of Last Dive	Estimated Total Dives	Dives in Last Year

Your skills / interests (*Please list those appropriate*) e.g. conservation, underwater photography, marine awareness, first aid, web skills/IT, compiling grant applications, surveys, research, event coordination, other:

As members of SURG Inc. we agree to be bound by the constitution of the association for the time being in force (available at <http://www.surg.org.au>), and to participate in events and activities following SURG's diving procedures.

Signature Date

Signature Date

Signature Date

Signature Date

If under 18 years, Parent / Guardian name

Signature of Parent / Guardian Date

Annual Membership from 1st July to 30th June

Single \$20 Family \$35 Student \$12 (*Fees include GST. Please ask if you require a receipt or tax invoice*)

Please make cheque payable to SURG and post to PO Box 4096 Coffs Harbour Jetty NSW 2450

Direct deposit details - Banana Coast Credit Union BSB 533 000, Account number 43996 (S11) (*Please quote name in Transaction Description*).

Welcome to SURG

www.surg.org.au