

Office Use

ID Number:

Solitary Islands Underwater Research Group Incorporated

Family Membership Application

Please complete this form if you are applying for family membership. Once complete post to the address indicated below, scan it and email to info@surg.org.au or bring it along to a SURG meeting. Membership is contingent on payment of the joining fee.

Member Details

Member 1

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 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:

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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 \$25 Family \$40 Student \$15 (*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