

INTERNATIONAL FELLOWSHIP OF ROTARIAN SCUBA DIVERS

Membership Application

Last Name (Family Name)	First Name (Given Name)	Middle Initial
Street address - 1		
Street address - 2		
City	State or Provenance	Postal Code
Country		
Telephone	Fax	Email

Rotary Club membership:		
Club Name	Club Number	District Number

Scuba Diving Data:	
Scuba Diving Certification Organization	How many dives have you made?
Highest Level of Certification	Location of last dive
Date of Certification	Date of last dive

Trip planning information:

	Do you prefer:	Land base dive trip	Yes	No
		Live aboard boat	<input type="checkbox"/>	<input type="checkbox"/>
		Either	<input type="checkbox"/>	<input type="checkbox"/>

Where do you want to dive (10 most preferred, 0 least preferred):

1	2	3	4	5	6	7	8	9	10
N. Atlantic	Caribbean	Asia	S. Pacific	Great Lakes	Other	Name: _____			

Would you most likely be traveling alone? Yes / No

If someone(s) would be traveling with you, would they be a certified diver? Yes / No

How many people would be traveling with you? _____

*Dues are US\$15 per year or three (3) years for US\$40. Personal checks are accepted if written on a US bank account, otherwise Travelers' Checks or Money Orders. Financial instruments should be made payable to the **International Fellowship of Rotarian Scuba Divers (IFRSD)**. This application and your financial instrument should be mailed to **IFRSD, c/o Greg Stirneman, 2011 S. Jackson St. Jacksonville, Texas, 75766 U.S.A.***