

MOUNTAIN SHARKS DIVE CLUB

Application For Membership

****Please Print Clearly****

Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Email: _____ Phone: _____

Check One: _____ Active Membership (18 yrs of age, is a certified diver or snorkler) \$15.00
 _____ Junior Membership (15–18 yrs of age, is a certified diver or snorkler) \$10.00
 _____ Associate Membership(10 yrs of age, is a certified diver or snorkler) Free

I, _____, do hereby make application for membership in the Mountain Sharks dive Club for the year 20____. I am aware or the rules and regulations of the club, responsibilities of membership and agree to comply with them.

In consideration of the acceptance of this application, I, the undersigned, do hereby, wave and release the Mountain Sharks Dive Club, its officers, members and any other persons associated with the Club of any claims or liability for damages of any or all injuries to me and my family members in the event of an accident while attending any club activities or events.

Applicant's Signature: _____ Date: _____

Signature of Parent or Guardian: _____

****Required if applicant is under 18****

**Bring the form with your payment to the regular scheduled club meeting or mail your form and payment to:
Mountain Sharks Dive Club Treasurer
2601 W Broadway
Missoula, MT 59808
Attn: Tim Wagoner**

*All membership dues are accessed annually and are for the period October thru October the following year.
*Included in your membership is a yearly membership to the Montana State Dive Counsel.