



**FATHOM DIVERS**  
**MEMBERSHIP APPLICATION**

[www.fathomdivers.org/membership.htm](http://www.fathomdivers.org/membership.htm)

Membership Fees (Individual):       \$30.00  
Family (per person):                 \$25.00  
Proof of Current Dive Insurance:     -\$5.00 deduction

Please direct your payments through our website. We use a secure PayPal accounting system. All major credit cards accepted on the website. If you chose, please attend a monthly meeting with a check or cash payment.

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**Diver Information**

Full Name:		Email:	
Street Address:		Home/Cell Phone:	
City:	State:	Zip:	Work Phone:

**Emergency Contact Information:**

Name:	Phone:
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**Medical/Insurance Information:**

Dive Insurance: <input type="checkbox"/> DAN <input type="checkbox"/> PADI <input type="checkbox"/> Dive Assure <input type="checkbox"/> Other
ID Number:
Expiration Date:

In addition to this membership application, please complete the corresponding Certification Card Form, the liability release, and the RSTC Medical Statement. The discount for DAN/dive insurance is for actual diving injuries and not the general membership in DAN or DAN Trip Insurance.