



Membership Application Form

Section A. Applicant Information

Name: _____
 Address: _____

 City: _____
 County: _____
 Country: _____
 Post Code: _____
 SAA Membership No: _____
 SAAClub Name: _____
 SAAClub No: _____
 Date: _____

Telephone: _____
 Mobile: _____
 Email: _____
 Date Of Birth: _____

Male Female

New Club Member
 Student Starter Pack Required
 Existing Club Member

Note: It is a requirement for new members below Club Diver to purchase the SAA "Student Starter Pack"

Section B. SAA Diving Qualifications

Social Trainee Snorkel
 Elementary Diver OpenWater Diver Club Diver
 Dive Leader Dive Supervisor National Diver

Any other Diving Qualifications: _____

Section C. Membership Type

Full Junior Associate
 Student Senior

Section D. Other Information

How many years have you been diving? 0 - 1 1 - 2 2 - 4 5 +

Are you a member of any other Diving Organisation/s? Yes No

If Yes please state: _____

How did you hear about the SAA?: _____

Office Use Only

Received: _____

Entered: _____

Note the information submitted on this form will be stored on a computer system.