



FORTH DIVER TRAINING – MEMBERSHIP APPLICATION

ITEM	DETAILS
TITLE *	
FIRST NAME *	
LAST NAME *	
ADDRESS 1 *	
ADDRESS 2	
ADDRESS 3	
TOWN *	
POST CODE *	
PHONE *	
EMAIL *	
DATE OF BIRTH *	
PREVIOUS EXPERIENCE (IF ANY)	

Instructions for Completion

Please complete all sections of this form marked with an asterisk *.

Your application consists of four forms, as follows:

- Membership Application Form
- PADI Medical Statement Form
- Standard Safe Diving Practices Statement of Understanding Form
- Statement of Risk and Liability Form

Please submit all four forms via email to info@forthdivertraining.com

There is no need to send any payment at this time.

Please be sure to include at a minimum either an email address or telephone number.