Cardiff Phoenix Divers Membership Form

Name: Date of Birth: Age: Years	Address:
Telephone No: Mobile No:	Email:
Emergency Contact Details:	
Name: Telephone No:	Address: Relationship to you:
Type of Membership Applied For (Delete as appropriate) FULL CONCESSIONARY CHILDREN SWIMMING	
Dive Qualification and Organisation (Please list all qualifications)	
When and Where was your last dive:	
Applicants Signature:	
Total Number of Dives To Date:	Total Number of Dives in the UK:

PHOENIX DIVERS USE ONLY

Membership No:	Date Joined	Fee Paid
Authorised Signature	Type of Payment	Date Received

Please ensure that you submit the following with your application

[1] Copies of ALL of your certification cards. [2] Copy of the last completed page of your logbook

Please return to CPD Membership, 23 St Andrew's Road, Barry, CF62 8BR or CPDMembership@Gmail.com

Please submit a cheque payable to 'Cardiff Phoenix Divers' or contact the Membership Secretary for details for Bank transfer. Sorry No Cash Accepted.