



# Bluegrass Dive Club Membership

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Include me on the Membership Directory (available to members only).

Yes \_\_\_\_\_ No \_\_\_\_\_

Highest Level of Certification:

_____ Basic Open Water	_____ Divemaster
_____ Advanced Open Water	_____ Instructor
_____ Rescue Diver	_____ Other (specify) _____

Membership Options (check one):

_____ Student (with student ID)	\$ 10.00
_____ Non-diver Family	\$ 30.00
_____ Single or Family with 1 diver	\$ 30.00
_____ Family with <b>2</b> or more divers	\$ 40.00

For Family Memberships Only:

Name	Diver? Y/N	Email Address	Date of Birth (minors only)*	Membership Directory? Y/N

\* Voting eligibility determination.

Please fill out and mail to:  
(With payment please)

Bluegrass Dive Club  
c/o Dan Miller  
824 Gunpowder Drive  
Lexington, KY 40509-1754