



Kansas City Frogman Club, Inc.

Application for Membership

New Membership (for year _____) Date Paid _____

Renewal Membership (for year _____) Date Paid _____

Name: _____ Age: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Evening Married: _____ Single: _____
() _____ Day E-Mail Address: _____

Occupation: _____

Present level of Diver Certification: _____

Certifying Organization (PADI, NAUI, etc): _____

Suggested for membership by: _____

Type of Membership

- _____ A Associate Membership = \$5.00 (non-diver / Club membership only)
- _____ B Basic Diver Membership = \$15.00 (Club membership only)
- _____ C Competitive Diver Membership = \$27.00 (memberships in Club and MDC)
- _____ D Underwater Society of America = \$42.00 (memberships in Club/MDC/USOA)

Total Amount Due

Check if first time joining Midwest Diving Council

Release of Liability

The undersigned agrees that if he/she is accepted as a member of the Kansas City Frogman Club, Inc. he/she will not hold the Club, its' officers, or its' members responsible for any accident or injury that might occur to him/her while engaged in Club activities.

(Witness)

(Applicant Signature)

If Applicant is under the age of 21, parent or legal guardian must sign application:

(Signature of Parent or Legal Guardian)

By signing "Applicant Signature" I do hereby agree to obey the By-Laws, Rules and Regulations of the Kansas City Frogman Club Inc., (Failure to abide by these rules may result in expulsion from club)