



MEMBERSHIP APPLICATION FORM

Name of Organization applying for Membership: _____

| | |
|-------------------------|--|
| Address: _____ _____ | City: _____ State: _____ Post Code: _____ |
|-------------------------|--|

| | |
|------------------|---|
| Ownership: _____ | Office No.: (____) Fax No.: (____) Email: _____ |
|------------------|---|

| | |
|------------------|--------------|
| Billing Address: | State: _____ |
|------------------|--------------|

| | |
|--|--|
| Chief Executive Officer of Organisation: | Person Approved to represent Organisation: |
|--|--|

| | |
|--------------------------------|--|
| Nature of business activities: | No of Years Organisation is in business: |
|--------------------------------|--|

| | |
|--|---|
| Payment details: Please pay by EFT to: Dive Industry Association of Australia Inc ANZ Bank Forestville BSB# 012289 A/C#484907169 | Membership Category Applied for: <input type="checkbox"/> Ordinary (Voting Member) \$250.00 plus GST <input type="checkbox"/> Associate Member (Non-voting) \$150.00 plus GST <i>(Membership is Annual from 01 November of the year of joining.)</i> |
|--|---|

Applicant's name: _____
 Applicant's Signature: _____ date: ____/____/____

Office use only:
 Status of application: *(please circle)* Approved / not approved

Nominated by: _____ Seconded by: _____

Comments: _____

Signed on behalf of DIAA:

_____ / _____ / _____
print name *date* *signature*