



**BOTTOM TIME DIVE CLUB**

P.O Box 8673  
Waco, TX 76714  
(254) 772-9203

bottomtimediveclub@yahoo.com

(Please Print)

Date: \_\_\_\_\_ New Member: \_\_\_\_\_ Renewal: \_\_\_\_\_ Address Change: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Family Members to be included under membership:

<u>Name</u>	<u>Date of Birth</u>	<u>Diver/Non-diver</u>

Diving History

Agency: \_\_\_\_\_ Level: \_\_\_\_\_ Year Certified: \_\_\_\_\_ Approx. # of dives: \_\_\_\_\_

Do you own equipment? \_\_\_\_\_ Computer? \_\_\_\_\_ Specialties? \_\_\_\_\_

Do you have underwater camera or video equipment? \_\_\_\_\_

Other Interest: \_\_\_\_\_

**Liability Release**

I hereby affirm that I have been thoroughly informed of the dangers inherent in SCUBA diving and that I fully understand the risks involved in this activity. I further agree to accept full responsibility for my own safety, health and well being while participating in any activity, diving or non-diving, sponsored by the Bottom Time Dive Club and freely and fully release its members and officers from any and all liability or responsibility for any injury or damage which I or my family members may suffer while participating in club activities. It is my intention that this release shall also be binding upon my family, heirs and administrators.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dues (Please Circle One)

Individual	Family	Family (more than 2)
\$20.00	\$25.00	\$30.00

Paid \_\_\_\_\_ Date \_\_\_\_\_ Cash/Check # \_\_\_\_\_