NUSAR MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Name:		Today's Date:
Date of birth:	Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:
E-mail:		

EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:		
City:	State:	ZIP Code:
Position:		

EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	Cell Phone:
Relationship:		

REFERRED TO NUSAR BY:
Name:

DIVER CERTIFICATION INFORMATION			
AGENCY	**SPECIALTY**	**AGENCY**	**SPECIALTY**

REFERENCES		
Name	Address	Phone

Number of Logged Dives:	Cold Water Experience: Yes No	Low Visibility Diving: Yes No
Deepest Dive Depth:	Public Safety Diving: : Yes No	Involved in an Dive Accident: Yes No

SIGNATURES	
I authorize the verification of the information provided on this form.	
Signature of applicant:	Date:

Mail Application to: Newtown Underwater Search & Rescue, P.O. Box 3203, Newtown, CT 06470
E-Mail Scanned Application to: info@NUSAR-CT.Org Telephone: 203-270-4390