



Galway Sub-Aqua Club  
14, Cross St.  
Galway.

# Galway Sub-Aqua Club

## Membership (Re) Application Form

I/We hereby wish to (re)apply for membership of Galway Sub-Aqua Club and agree to Abide by the rules, safety precautions and procedures prescribed by the Club.

I/We are aware that there are risks involved with underwater diving activities and indemnify the Club from responsibility for any accident or mishap or any effect arising from, or which may occur during the course of any club activity.

I/We acknowledge that it is my/our responsibility to ensure fitness to dive in accordance with CFT rules and regulations.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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New applicants, please provide the information below.

Existing members, please indicate any change from last year.

Surname \_\_\_\_\_

Home Phone No \_\_\_\_\_

Forename(s) \_\_\_\_\_

Work Phone No \_\_\_\_\_

Address \_\_\_\_\_

Mobile No \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

CFT No \_\_\_\_\_

CFT Qual \_\_\_\_\_

Next of kin – Name \_\_\_\_\_

Next of kin – Phone \_\_\_\_\_