



2019 Diver Membership Application

St. Albans Sub-Aqua Club Limited
Cottonmill Lane,
St Albans. AL1 1HJ

e-mail: membership@sasac.co.uk Tel: 01727 859829

St Albans Sub Aqua Club (SASAC) Membership			British Sub Aqua Club (BSAC) Membership			
Diver Member	£140	<input type="checkbox"/>	Open Water Instructor, Advanced Diver	£60 <input type="checkbox"/>		
Concessionary Diving Member	£70	<input type="checkbox"/>	Other (see BSAC membership details)	£..... <input type="checkbox"/>		
Reason						
BSAC Medical Form		BSAC Membership				
Existing BSAC member? YES <input type="checkbox"/> NO <input type="checkbox"/>		Membership Number: _____		BSAC Direct member <input type="checkbox"/>		Annual payment via SASAC <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>		Renewal Date: _____				
St Albans Sub Aqua Club Payment			British Sub Aqua Club Payment			
BACs	Cheque	Cash	BACs	Cheque	Cash	Direct Debit
£	£	£	£	£	£	£

Please email membership@sasac.co.uk following BACs payment so we can confirm receipt of payment
Sort code: 40-40-01
Account number: 01465155

Cheques Payable to: ST ALBANS SUB AQUA CLUB LTD

Reference: Use first initial and surname of member, and state type of membership

Personal Details			
Name			Date of Birth
Address & Post Code			Contact email
			Contact phone
Emergency Contact Details			
Next of Kin		Relationship	Contact Telephone
		<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	
Previous Qualification & Experience			
Qualification Agency		Qualifications	Last Dived / Logged Dives
Agency Membership ID		BSAC Membership Renewal Date	Medical Certificate Expiry Date

My Agreement & Declaration

By becoming a member of St Albans Sub Aqua Club Limited ("the Club") and signing this form I agree to abide by the regulations of the Club and acknowledge that I undertake any associated activities at my own risk and responsibility. I also declare that I am not suffering from any physical complaint or ailment which could jeopardise the safety and well-being of myself or other members whilst taking part in Club activities, and I agree that I will notify the Club should I develop any such physical complaint or ailment during the course of my membership. I undertake to contribute up to £1 in respect of debts, liabilities and costs if the club is wound up as specified in the Articles of Association.

The Club holds and processes personal data for membership purposes and members have the right to ask for a copy of personal information the Club holds, to ask for the information to be changed, or to ask for it to be destroyed when leaving the Club. I agree that the Club may pass my personal information to the British Sub Aqua Club if I am a member, but otherwise the Club will not use personal information for marketing purposes nor will the Club provide personal information to any other external party.

By ticking the boxes below and signing this form I agree that:

- The Club may hold and use personal information acquired during my membership provided its use is reasonably required by the Club and is in accordance with the Club's privacy policy;
- The Club may hold and process relevant medical information required for my membership;
- I have obtained authority from my next of kin for the Club to record their name and telephone number and contact them in the event of an emergency;
- The Club may contact me about club activities and membership renewals.

Print full name:	Signature:	Date:
If Under 18: Parent/ Guardian Name:	Signature:	Date: