

SAA Head Office Space Solutions Business Centre Sefton Lane Liverpool L31 8BX Tel: 0151 287 1001



Membership Application Form

Section A. Applicant Information				
Name:		Telephone:		
Address:		Mobile:		
		Email:		
City:		Date Of Birth		_
County:				
Country:		Male	Female	
Post Code:				
SAA Membership No:		New Club Member		
SAAClub Name:		Student Starter Pack Required		
SAAClub No:		Existing Club Member		
Date:		Note : It is a requirement for new members below Club Diver t purchase the SAA "Student Starter Pack"		
Section B. SAA Diving Qualification	ons			
Social	Trainee		Snorkel	
Elementary Diver	C OpenWater Div		Club Diver	
Dive Leader			□ □ National Diver	
Any other Diving Qualifications:				
Full Student	Junior Senior		Associate	
Section D. Other Information				
	0-1	<u> </u>	2 - 4	□ ^{5 +}
How many years have you been diving?		<u> </u>	□ ² - 4 □ Yes	□ ^{5 +} □ No
How many years have you been diving? Are you a member of any other Divin		<u> </u>		
Section D. Other Information How many years have you been diving? Are you a member of any other Divin If Yes please state: How did you hear about theSAA?:		<u> </u>		
How many years have you been diving? Are you a member of any other Divin If Yes please state:		1 - 2		
How many years have you been diving? Are you a member of any other Divin If Yes please state:		1 - 2		
How many years have you been diving? Are you a member of any other Divin If Yes please state:		1 - 2	Yes	
How many years have you been diving? Are you a member of any other Divin If Yes please state:		<u> </u>	☐ ☐Yes <u>OfficeUseOnly</u>	