Cave Diving Group



APPLICATION FOR MEMBERSHIP

Full Name (capitals):	
Address:	
Telephone no.:	
Details of any relevant ex	xperience (caving/diving):
Details of membership of	f other clubs:
I hereby apply to become	e a diving/non-diving* member of the Cave Diving Group.
I agree with the Group a	nd all members thereof that, while a member of the Group, I will obey and be bound by
the rules of the Group.	
I am over 18, I am physic	cally fit, and I am not suffering from epilepsy (diving members only).
I attach a completed relea	ase and waiver of liability agreement (diving members only).
I enclose £ being	one year's subscription as a diving/non-diving* member and understand that this will be
refunded if I am not elect	
Signed:	Date:
Proposed by:	
Seconded by:	
Section	

Note: The list of members may be held on computer. in order to comply with the terms of exemption under the Data Protection Act 1984, members shall have the right not to be included in the list. If they do not wish to be included, members must inform the Honorary Secretary.