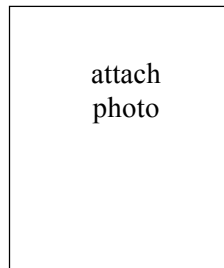


Malayan Sub-Aqua Club Membership Application



Name (Mr/Mrs/Ms): _____
 IC or Passport No: _____ Date of Birth: _____
 Nationality: _____ Occupation: _____
 Address: _____
 H/Phone: _____ E-Mail: _____
 If Junior Membership, Name of Parent/Guardian: _____
 (For Junior membership [aged 18 years or lower], application form must be signed by applicant's parent or guardian as evidence of approval for diving with MSAC).

Website : <http://www.msac.org.my>



In case of emergency, please contact (name, telephone): _____

Payment Record (Cheque made payable to Malayan Sub-Aqua Club)

I enclose herewith RM _____ Cash/Cheque _____ to cover (please tick):

Club Entrance Fee	RM	45.00	<input type="checkbox"/>	Open Water Training	RM	500.00	<input type="checkbox"/>
Ordinary Single	RM	60.00	<input type="checkbox"/>	Advanced Training	RM	150.00	<input type="checkbox"/>
Junior Membership	RM	30.00	<input type="checkbox"/>	Specialty Training	RM	600.00	<input type="checkbox"/>
Outstation Membership	RM	30.00	<input type="checkbox"/>				

Applicant Date: _____ Proposer Date: _____ Seconder Date: _____

Diver's Declaration (to be completed by applicants already holding a recognised diving qualification)

I am a qualified SCUBA Diver and the following are details of qualifications. (Enclose photocopy of certificate)

Certified by: _____ Ref No.: _____
 Qualification: _____
 Total dives to-date: _____ Date of last dive: _____

Indemnity

In consideration being able to participate in activities organized by the MALAYAN SUB-AQUA CLUB (MSAC), I agree to save harmless and keep indemnified MSAC, its agents, servants and representatives from and against all actions, claims, costs, expenses and demands in respect of injury or loss to myself, loss or damage of my properties, howsoever caused, arising out of, or in connection with my taking part in these activities and notwithstanding that the same may have been contributed to, or occasioned by the negligence of MSAC, its agents, servants or representatives.

I am not suffering from any physical complaints or ailments which may jeopardize my safety or well-being while taking part in such activities.

Applicant's signature (or Parent/Guardian): _____
 Date: _____

Application Approved/Rejected: _____

Chairman Date: _____ Hon. Secretary Date: _____ Hon. Treasurer Date: _____ Info. Officer Date: _____