

**The Metrowest Dive Club**  
P.O. Box 1916  
Framingham, MA 01701

Membership Renewal Application

Please circle one of the following:

Corresponding \$25                      Individual \$40                      Household \$55  
(out of state)                      (diver or non-diver)                      (two or more members at one address)

*Please enter any updated membership information in the spaces below*

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**NEW CERTIFICATION INFORMATION**

New Certification Level \_\_\_\_\_ Date Received \_\_\_\_\_

New Certification Agency \_\_\_\_\_ New Certification Number \_\_\_\_\_

New Training Facility \_\_\_\_\_ Instructor Name \_\_\_\_\_

Do you keep a dive log? \_\_\_\_\_ Number of dives this year \_\_\_\_\_ Last year \_\_\_\_\_

Lifetime Number of dives \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

IN CASE OF EMERGENCY PLEASE NOTIFY NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

*To complete your renewal, either bring your payment and this completed form to the next MWDC meeting, or mail it to the address above.*

**Thank you for your continued support!!!**