

AEA Scuba Club Membership Application

Year: 2011

Personal Information

Family Name: _____ First Name: _____
Address: _____ City: _____
Zip: _____ Mail Stop: _____ Email _____
Hm Phone: _____ Wk: Phone _____ Fax: _____
Affiliation: Aerospace, Air Force, Other

Certification Information

PADI NAUI NASDS LA CO.
 YMCA Not Certified _____
Certificate Year
Number: _____ Certified: _____
Certification
or Skill Level: _____

Dues

\$10.00 For Aerospace Employees
 \$12.00 For Air Force Employees
 \$12.00 For All Other Members
 Annual Membership Already
Paid (paid after 1/1/2011)

Waiver

I, THE UNDERSIGNED, HEREBY APPLY FOR MEMBERSHIP IN THE SCUBA CLUB ("CLUB") OF THE AEROSPACE EMPLOYEES' ASSOCIATION ("AEA") AND AGREE TO ABIDE BY ALL CLUB RULES. I ACKNOWLEDGE THAT I WILL BE VOLUNTARILY PARTICIPATING IN CLUB ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGERS INVOLVED. IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS APPLICATION AND MY MEMBERSHIP IN THE CLUB, I AGREE TO ASSUME ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, ARISING OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN CLUB ACTIVITIES. I ALSO AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS THE CLUB AND THE AEA, AND THEIR MEMBERS AND OFFICERS, FROM ANY LIABILITY ARISING OUT OF OR IN CONNECTION WITH MY PARTICIPATION IN CLUB ACTIVITIES. I FURTHER AGREE THAT THIS RELEASE AND INDEMNIFICATION IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAWS OF THE STATE OF CALIFORNIA. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN THIS RELEASE OF MY OWN FREE WILL WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

SIGNATURE: _____ DATE: _____

Return Hard Copy with Signature and Dues to **Bob Farley, M2-253.**