



PORT MORESBY SUB AQUA CLUB INC.

P.O. Box 140, Boroko, Papua New Guinea

MEMBERSHIP APPLICATION / RENEWAL FORM 2016

Membership Fees

- New Member Renewal / Member since _____
- Persons accepted for membership in the Club after 1 July need only pay half the Annual Subscription.
- Membership year runs from January 1st to December 31st. Membership applications/renewals for the following year will be accepted from December 1.

MEMBERSHIP OPTIONS	Subscription	Total Payable	PAYMENTS TO POMSAC or RPYC PLEASE. (please show POMSAC your RPYC issued receipt) <u>DO NOT LEAVE CASH IN THE POMSAC BOX</u>
Single Membership	K250.00		
Family Membership	K400.00		
	Total Paid		

Please ensure all details are filled out correctly –
YOU WILL NOT BE COUNTED AS A MEMBER UNLESS ALL DETAILS ARE ACCURATELY COMPLETED

NOTE: You need to be a member of the RPYC to become a member of POMSAC.

Primary Member Information

Name:-		Date of Birth	
RPYC Mbr #		Email Address	
Home No.		Work No.	
Mobile No(s).		Other	
Snorkeler	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diver	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes complete below)
Dive Insurance ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Policy No.	
Dives Logged		Last Dived	
Dive Cert.		Cert No.	Cert Date

Family Member Information

Name:-		Date of Birth	
RPYC Mbr #		Email Address	
Home No.		Work No.	
Mobile No(s).		Other	
Snorkeler	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diver	<input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes complete below)
Dive Insurance ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Policy No.	
Dives Logged		Last Dived	
Dive Cert.		Cert No.	Cert Date

¹ POMSAC strongly recommends that all members have DAN AsiaPac Insurance

Family Member Information

Name		Diver Cert & No.		D.O.B	
		Insurer & No			
Name		Diver Cert & No.		D.O.B	
		Insurer & No			
Name		Diver Cert & No.		D.O.B	
		Insurer & No			
Name		Diver Cert & No.		D.O.B	
		Insurer & No			

I hereby apply for membership in the Port Moresby Sub Aqua Club Inc. I agree that if I am accepted as a member, I will abide by the rules and regulations set down by the Club. Members under 18 years of age require a parent or guardian to sign on their behalf.

****** DON'T FORGET TO SIGN THE
DISCLAIMER AND ACKNOWLEDGEMENT ******

Primary Member Signature: _____ Date: _____

Family Member Signatures: _____ Date: _____

Before returning this form, please make sure that you have done the following :

Tick

- Filled in the Application Form Correctly.
- Sign the Application Form(s). If this is an application for Family Membership, each applicant must sign the form.
- Signed the Disclaimer & Acknowledgement. **If this is an application for Family Membership, each applicant must sign an indemnity clause.**
- Enclose a photocopy of your diving qualification(s) and insurance. **If this is an application for Family Membership, include a photocopy of each applicant's qualifications and insurance.**
- Enclose the correct fees with this application (cheque made to "POMSAC", for cash payments, please contact the POMSAC treasurer through pomsac@gmail.com or pay on your next POMSAC Trip).

The Committee will consider your application at its next meeting. The Club Secretary will notify you of the Committee's decision shortly thereafter.

Secretary's Use Only

Application and indemnity received
RPYC Membership number confirmed
Acknowledgment sent

Dive certificates on file
Insurance details on file
Circulation list updated

Accepted (generally Club President)

Seconded (generally Secretary)