



**Family Member Information**

Name		Diver Cert & No.		D.O.B	
		Insurer & No			
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		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](mailto: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.**

**Membership 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 ( Membership )