



Email: dac@divetek.co.za - Tel: 011 791 1095 - Fax: 011 791 1289 - Website: www.divetek.co.za

### MEMBERSHIP APPLICATION FORM

#### Applicants Details:

Name:	Surname:	Identity Number:
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Email address:
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Your residential area:	
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Tel: work	Tel: Home	Cell:
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Spouse's Name:	Email Adddy:	Cell:
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Child's Name (1)	DOB:	Boy/Girl:
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Child's Name (2)	DOB:	Boy/Girl:
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Child's Name (3)	DOB:	Boy/Girl:
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Child's Name (4)	DOB:	Boy/Girl:
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Have you read and signed the attached forms:	Debit Order Agreement	Terms and Conditions
	Debit Order Instruction	Limit of Liability

What payment method do you prefer:	Monthly payment of R120 for 12 months	Once off upfront payment of R1340
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Most convenient way to keep you updated:	Facebook	Email
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Name & Surname:	Signature:	Date:
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Please complete this application form, as well as the attached documents and send them back either via email or fax