



CFB Kingston

MEMBERSHIP APPLICATION

PERSONAL INFORMATION		
Full Name:	Rank / Title:	
Street Address:	City:	Postal Code:
Preferred E-Mail:		
Home Tel:	Work Tel:	Cell Tel:
Unit / Place of Work:		
First Certification Agency:	Level / Certification Card #:	
Other Scuba Qualifications		

New Members Medical Declaration: A completed copy of the RSTC Medical Statement must accompany this application. You must consult a physician and obtain their agreement to you diving if your response to any section of the medical questionnaire is **YES**.

(Signature) _____

Medical Statement on Renewal: I certify that the medical questionnaire on file with the Club remains an accurate statement of my medical circumstances. There have been no significant changes in my medical condition since it was last completed.

(Signature) _____

All Members: I acknowledge that I have read the Club's Bylaws and Safety Orders. I agree to abide by them.

(Signature) _____

Membership Fees			
<small>(Fees for 14-21 year olds in brackets)</small>			
	Regular	Ordinary	Associate
Annual Fees (incl HST)	\$40.00 (\$35.00)	\$50.00 (\$40.00)	\$95.00 (\$75.00)
Received By:	Receipt #:	Date:	Cash / Cheque*
Membership definitions	CF active duty and reserve / Accredited foreign military / Dependants of foregoing	Retired military / current DND, NPF employees / dependants of foregoing	All other Kingston area residents, including federal, Provincial or Municipal employees

***Cheques must be made out to "BASE FUND"**