

New York State Divers Association Membership Form

Title (Mr. Miss, Mrs. Ms. Dr.) : _____ New Member () Renewal ()

Name: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone () - -

Certifying Agency: _____ Year: _____ E-Mail: _____

NYSDA Group or Shop Affiliation _____

Would you like to receive the *Dives Digest* news letter on line? Y/N _____

NYSDA Individual, Group or Shop Registration - \$25.00 \$ _____

USOA Membership - \$15 (NYSDA Member) \$20 (Non NYSDA Member) \$ _____

Additional Family members - \$5 each List here _____ \$ _____

_____ \$ _____

_____ \$ _____

Print this form

Fill it out and return to.....

NYSDA
9226 Sly Hill Rd
Ava, NY 13303-9764

Subtotal \$ _____

Total \$ _____