



Please complete in BLOCK CAPITALS

Personal details	Surname:	
	Forenames:	
	Title:	
	Initials:	
	Date of birth:	
	University member (Y/N):	
	Student (Y/N):	

Contact details	Contact telephone:	Home:		Mobile:	
	Email address:				
	Home address:		Term Address (If Different)		
	Postcode:				

Membership type (Student/Full/Instructor/Associate)		CUUEG Primary Club? (Y/N) (Put 'Y' if unsure)	
Include Kit Hire? Full: +£40 or Cylinders & Lead only: +£16-			

kin	Next of kin:		Tel:	
	Next of kin's address:			
	Postcode:			

Diving members only (please complete as much as possible)

BSAC membership no:				
Highest BSAC diving grade:		Date awarded:		Awarded by CUUEG? (Y/N):
Highest diving grade (other agency):		Date awarded:		Agency:
Any completed specialties/SDCSs:		Date awarded:		Agency:
Highest BSAC instructor grade:		Date awarded:		Awarded by CUUEG? (Y/N):
Any specialty/SDC instructor grades:		Date awarded:		Agency:
Highest instructor grade (other agency):		Date awarded:		Agency:
Cold-water experience?:		Dry-suit Experience?		

Declaration

I agree to be bound by the current version, and any future amendments (as applicable), of CUUEG's: (1) Constitution, (2) Financial Rules and (3) Safe Diving Practices. These documents are available from any Branch Officer or online from www.cuueg.org.uk/contact.html.

I understand that I will be required to show proof of all qualifications listed on this form before diving with the club.

I agree that my details, as given on this form, will be kept in a computerised database for administrative use within the Group. I understand that these details will not be passed outside the Group, other than to BSAC as part of routine membership administration, or to the University and Emergency Services in the event of an incident. I also understand that, to exercise my right to inspect these details, have them altered or have them removed, I should ask the Membership Secretary of the Group.

Signed _____ Date _____