

**Caithness Diving Club**  
**Membership / Joining Details**



**Name :**

**Address :**

**Post Code :**

**Landline telephone number :**

**Mobile phone number :**

**Email address (for club correspondence) :**

**Date of Birth :**

**Existing BSAC Member ?**

**If Yes, Membership number :**

**Diver Grade :**

**Instructor Grade :**

**Existing Diving qualifications (eg PADI, ScotSAC etc) :**

**Joining Date :**

Please return this form to :  
Mr Maurice Edmunds  
Membership Secretary  
21 Riverview  
Thurso  
Caithness  
KW14 7QJ  
01847 896335