MEMBERSHIP APPLICATION - 2026

Please complete all sections in legible print!

Membership Type

New ☐ Renewal ☐

Membership Fee

Individual: $10 ☐

Family*: $20 ☐

* Each family member must fill out a separate form.

Member Info

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail(s): _____

Birthday (Month/Day): ____/____

Newsletter Option: If you want a hardcopy newsletter, please check here: ☐

Dive Info:

Agency: _____ Certification Level: _____ Years Diving: _____

(PADI, NAUI, YMCA, etc) (open water, advanced, rescue, etc)

☐ Please do NOT publish my contact information in the TDC Roster (available to members only).

Disclaimer

I understand that sport diving can be strenuous and do hereby enter this club of my own free will and at my own risk. I do hereby release from any and all liability the sponsors, officers, and members of this club of any and all claims arising by reason of injury or other loss occasioned by me at anytime before, during or after membership or participation in this club. I also agree that any information or products disseminated by or through this club carry no express or implied endorsement or warranty by this club or its sponsors.

Signature: _____ Date: _____

Make check payable to **Texins Dive Club** and send to:
Questions: E-mail: secretary@texinsdiveclub.com

Texins Dive Club
c/o Jay Weber
1902 Mulligan Drive
Round Rock, Texas 78664

Do Not Write Below This Line

Amount Paid _____ Cash _____ Check # _____ Initial _____ Date _____