



IDSSC Professional Membership Form Information

Professional Diver Name: _____

Address: _____

_____ Country: _____

Phone: Fax: _____

E-mail: _____ Web Site: _____

Professional Diver Level: _____ Agency: _____ C-Card Number: _____

Diving activity:

Recreational: Yes/ No - Hyperbaric Medicine: Yes/No - Technical: Yes/ No - Scientific: Yes/
No - Commercial: Yes/ No - Archaeology: Yes/ No - Apnea: Yes/ No - Public Safety Diver: Yes/
No - Forensic: Yes/ No - Crime Scene Investigator: Yes/ No – First Aid/CPR/AED/O2: Yes/ No

Benefits & Privileges of Diver Membership:

Opportunity to participate and promote safe diving through a worldwide effort to develop standards. Incorporate new ideas and developments that support the growth of commercial and recreational diving worldwide. Use of the IDSSC name and logo Membership form valid for one year and automatic renewal if both parties agree. This membership has an annual cost of renewal.

Member Requirements:

The Professional Dive Member are expected to maintain high standards. This applies to commercial, recreational, business and ethical practices, as well as training programs.

PROFESSIONAL DIVE MEMBER

IDSSC EXECUTIVE DIRECTOR

Signature:

Signature:

Print Name:

Print Name:

Date:

Date:

The Professional members must submit to file electronic copy of certificates, passport photograph and this Membership form and accept the IDSSC diving standards and safety procedures.