Membership Application Form

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| --- | --- |
| Type of membership applied for: *(Full Member or Observer)* |  |
| Name of organization: |  |
| Address, including country: |  |
| Telephone: |  |
| Primary email address: |  |
| Website: |  |

List any rebreather courses offered:

|  |  |  |
| --- | --- | --- |
| Course Title | Maximum Depth | Comments |
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Contact names if accepted (maximum four):

|  |  |  |
| --- | --- | --- |
| Delegate type | Name | Email |
| Decision Maker 1 |  |  |
| Decision Maker 2 |  |  |
| Other representative |  |  |
| Other representative |  |  |

*If your organization is accepted you will have to sign the membership Non-Disclosure Agreement and pay the appropriate annual dues.*

Send this form to [info@rebreathertrainingcouncil.org](mailto:info@rebreathertrainingcouncil.org)

[www.rebreathertrainingcouncil.org](http://www.rebreathertrainingcouncil.org)