Membership Application Form

|  |  |
| --- | --- |
| 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

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