



Fort Erie Underwater Recovery Unit Membership Application Form

Name: _____ Address: _____
City: _____ Province: _____ Postal Code: _____
Email: _____ Tel# _____ Marital Status: _____
Age: _____ Birthday: DD/MM/YY
Doctor's Name: _____ Tel#: _____
Next of Kin: _____ Relationship: _____
Address: _____ City: _____ Tel#: _____

If health is other than GOOD, please state illness:

Have you ever been arrested for any violation under the Criminal Code of Canada or Provincial Statues?

If YES, please state the nature of offence:

Will you obey the rules and regulations of the officer in charge at accidents or practices?

Your Main Diver "C" Card Number:

State the level of diving proficiency obtained and any relative certifications along with numbers.

State any additional skills which could be an asset to the organization.

The above questions were answered by me to the best of my knowledge and are true as signed below:

Date: _____ Signature of Applicant: _____

We find the applicant, _____ to be an honest and upright citizen and therefore
accept his/her application for membership to the Fort Erie Underwater Recovery Unit on a one year

Probation on Date: _____ signed by President: _____

Chief Diver: _____