



PO BOX 90069, LOS ANGELES, CA 90009  
(310) 337-1541  
(310) 337-1542 FAX

# MEMBERSHIP APPLICATION

## For the Year \_\_\_\_\_

### General Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Referred By: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

### Certification Information:

Year First Certified: \_\_\_\_\_ No. of Dives \_\_\_\_\_ Date of Last Dive: \_\_\_\_\_  Warm Water  Beach  Boat

### Agency Certification

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diving Preferences:  Beach Dives  Boat Dives  Warm Water Dives

Amount:                   \$ 30.00  Individual Membership                    New  Renewal  
                              \$ 45.00  Family Membership                    New  Renewal  
                              \$ 300.00  Lifetime Individual  
                              \$ 450.00  Lifetime Family

\*\*\*Please make checks payable to: "Los Angeles Black Underwater Explorers" or "LABUE"

### WAIVER

I \_\_\_\_\_, hereby apply for membership in the Los Angeles Black Underwater Explorers (LABUE) and agree to abide by all club rules. I acknowledge that I will be voluntarily participating in LABUE events with full knowledge of the potential dangers of scuba diving and diving related activities. In consideration of your acceptance of this application and my membership in LABUE, I agree to assume all risks of bodily injury, death or property damage, arising out of or in connection with my participation in LABUE activities. I also agree to release, indemnify, defend and hold harmless LABUE and their members and officers, from any liability arising out of or in connection with my participation in LABUE activities. I further agree that this release and indemnification is intended to be as broad and inclusive as is permitted by the laws of the State of California. I have carefully read this release and fully understand its contents. I sign this release of my own free will with full knowledge of its significance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_