



# MARITIME ARCHAEOLOGY ASSOCIATION OF VICTORIA

POSTAL ADDRESS – 4 Rupert St Newport VIC 3015.

## MEMBERSHIP APPLICATION

### PERSONAL DETAILS:

Please print

Surname \_\_\_\_\_ Christian Names \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone No.      Mobile \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No.      Home \_\_\_\_\_ Work \_\_\_\_\_

### DIVING EXPERIENCE AND QUALIFICATION

Please list all national/internationally recognised certification. State level attained and registration number.

Include a photocopy of Scuba Qualifications.

Experience      Snorkel \_\_\_\_\_ hrs

Scuba \_\_\_\_\_ hrs      No. of SCUBA dives \_\_\_\_\_

### MEDICAL ELIGIBILITY

Have you had a medical examination for diving eligibility that satisfies PADI, IANTD, or NAUI standard procedure?    YES \_\_\_\_\_      NO \_\_\_\_\_

Date of last medical \_\_\_\_\_ Performed by \_\_\_\_\_

Attach photocopy of current diving medical, i.e., performed in the last twelve months.

Name and address of your Doctor \_\_\_\_\_

Blood Type \_\_\_\_\_ Known Allergies \_\_\_\_\_

Have you a medical or physical condition that could or should be considered in assessing your eligibility to participate in association activities? \_\_\_\_\_

If Yes, please state \_\_\_\_\_

**TERMS OF AGREEMENT**

I \_\_\_\_\_ Hereby apply to become a member of the **Maritime Archaeology Association of Victoria Inc.**, hereafter called the Association.

I warrant to you that the foregoing information is true and correct in every particular and I agree to indemnify the Association, its Officers, members, servants and agents in respect to any loss, damage, claim or action suffered or incurred by reason of any of the foregoing warranties or statements being untrue or incorrect and I shall inform the Association in writing immediately upon my becoming aware of such warranty or statement being untrue or incorrect

I hereby for myself, my heirs, my administrators, executors and assign release and discharge the Association, its Officers, members, servants and agents from all liability, claims, demands, actions or possible causes of action whatsoever for or on account of any loss or injury of whatsoever nature sustained by or to my person (including death) and/or property suffered at anytime during my participation in Association activities and relating whether directly or indirectly to the involvement of the Association, its Officers, members, servants and agents in those activities.

I hereby indemnify and undertake at all times hereafter to keep indemnified the Association, its Officers, members, servants and agents against all actions, claims, demands and proceedings whatsoever that may be brought, made or prosecuted against them or any of them by any person or persons in respect of any loss, injury or damage arising out of any action of mine during Association activities and against all costs, charges and expenses that may be incurred by the above in defending or settling such actions, claims, demands and proceedings.

I agree that without giving prior notice in writing to the Association I shall not undertake any business, profession, trade, calling or pastime, whether for gain or grounds as being, in conflict with the purposes, constitution, standard operating procedures, reputation and good name of the Association.

I do hereby consent and agree that, MAAV or its agents have the right to use photographs, videotape, or digital recordings created by me whilst on MAAV controlled events and to use these in any and all media, now or hereafter.

I, the undersigned, do hereby consent and agree that, MAAV or its agents have the right to use photographs, videotape, or digital recordings that are taken of me with my consent whilst I am on MAAV controlled events and to use these in any and all media, now or hereafter.

I further consent that my name and identity may be revealed therein or by descriptive text or commentary to acknowledge authorship of this work.

I do hereby release MAAV & its agents all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of this work in whatever media used.

I understand that there will be no financial or other remuneration for this work, either for initial or subsequent publication, transmission or playback.

I understand that I am agreeing to provide to MAAV any and all photographs, videotape, or digital recordings created by me whilst on MAAV controlled events within 48 hours of such recordings being made.

I do hereby agree that all photographs, videotape, or digital recordings created by me whilst on MAAV controlled events will be provided in its original raw format and unmarked in any way.

Any person providing material with the authors name clearing indicated on the packaging will receive full accreditation & recognition.

I also understand that MAAV is not responsible for any expense or liability incurred as a result of my participation in this work, including medical expenses due to any sickness or injury incurred as a result.

I agree to keep confidential, and accept and understand that I am prohibited from divulging, all information of any kind and however obtained in the course of any dealings with, for, or on behalf of the Association unless obtaining the written permission of the Executive Committee of the Association. If admitted to membership of the Association I shall faithfully observe and be bound by the purposes, constitution and standard operating procedures of the Maritime Archaeology Association of Victoria Inc. and by the by-laws thereof which may from time to time be in force.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Name and address of Witness \_\_\_\_\_

Name and Signature of Proposer \_\_\_\_\_

Name and Signature of Secunder \_\_\_\_\_

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**OFFICE USE ONLY**  
**PROBATIONARY MEMBERSHIP**

**Date received**

**Executive Committee Approval**      **Yes**                      **No**

**Date approved**                              **Date Applicant notified**

**Copy of medical certificate/diving qualification**

**FULL MEMBERSHIP**

**Executive Committee Approval**      **Yes**                      **No**

**Date approved**                              **Date Member notified**