



MARITIME ARCHAEOLOGY ASSOCIATION OF VICTORIA

POSTAL ADDRESS – P.O. BOX 1114 CITY ROAD, SOUTH MELB. 3205 VIC.

MEMBERSHIP APPLICATION

PERSONAL DETAILS:

Please print

Surname _____ Christian Names _____

Residential Address _____

Postal Address _____

Phone No. Home _____ Work _____

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, FAUI, 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 hereby assign to the Association the copyright in any photograph and in any cinematographic film including video taken by me during the course of Association activities where the Association has purchased the film stock providing I have right of access to such material and will meet the copying costs, I agree to allow the Association right of access to such material where film stocks were privately purchased providing the Association meets costs of copying.

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 Seconder _____

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