



## DIRrebreather Membership Application

Date: \_\_\_\_\_ Membership type:  Active  Support

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Diving certifications: \_\_\_\_\_  
\_\_\_\_\_

# of logged dives: \_\_\_\_\_ # of CCR dives: \_\_\_\_\_

Rebreather experience: \_\_\_\_\_  
\_\_\_\_\_

Did you complete any DIRrebreather workshop?: \_\_\_\_\_

Why do you want to become a DIRrebreather member?: \_\_\_\_\_  
\_\_\_\_\_

Who recommends you (for Active Member only): \_\_\_\_\_

T-Shirt size: (select one) \_\_\_\_\_ Payment by: \_\_\_\_\_

*Thank you for your membership and your support to DIRrebreather*

Email: [dirrebreather@yahoo.com](mailto:dirrebreather@yahoo.com)

web: [www.DIRrebreather.com](http://www.DIRrebreather.com)