



Hawkeye Scuba Club, Inc.

Application for Membership

The following person requests enrollment as a member in the
"Hawkeye Scuba Club, Inc."

Name _____

Address _____ City _____

Certification _____

Phone _____ E-mail _____

Address _____
(optional)

Membership Level Requested-

- Diver () Dues \$20 Paid ()
- Associate () Dues \$5 Paid ()
- Junior Diver () Dues \$20 Paid ()

Signed _____

Date _____

Make Check Payable to: Hawkeye Scuba Club

Mail to: Thompson
1707 Morris Ave NW
Cedar Rapids, IA 52405

Or drop off to Seatasea