Free Student Program Application Form

Fax back to (270) 294 0720

Submited By (Dive Shop): _____

Registration Date:_____ Anticipated Certification Date:_____

Please register me in the DiveAssure Free Student Program for the duration of my dive certification training course.

1) Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

State: |___|___|___|___|___|___|___|___|___ **Zip:** |___|___|___|___|___|

Email: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: ……

2) Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

State: |___|___|___|___|___|___|___|___|___ **Zip:** |___|___|___|___|___|

Email: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: ……

3) Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

State: |___|___|___|___|___|___|___|___|___ **Zip:** |___|___|___|___|___|

Email: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: ……

4) Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

State: |___|___|___|___|___|___|___|___|___ **Zip:** |___|___|___|___|___|

Email: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature: ……

Note: The Free Student Membership covers Decompression Illness only. Ask your dive shop about other coverage options or log on to www.diveassure.com .
You can upgrade your Student membership to one of DiveAssure's Annual programs at any time. If you upgrade within 2 weeks of expiration you will receive a discount on all annual programs.

DiveAssure Association

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