



SOUTH CHINA DIVING CLUB

G P O Box 11987, Hong Kong

Email: membership@scdc.org.hk

BS-AC BRANCH 1097

Application for Membership

Surname First Name

Address for correspondence

.....

.....

Home Phone Fax

Office Phone Mobile

Email address

Date of Birth ID Card No.

Current diving qualification if any

When attained No. of dives to date

BS-AC No. if any..... Do you own or have access to a car?

Do you have Masters and Engineers Certificate of Competency?

Next of Kin Phone

Office Use

DATE:

| Forms | Given date | Received date | | |
|----------|------------|---------------|--------------|--|
| DD | | | SCDC No. | |
| Medical | | | BS-AC No. | |
| BS-AC | | | Renewal date | |
| Photos | | | Medical date | |
| Sponsor: | | | | |
| | | | | |
| | | | | |

UK SPORT DIVER MEDICAL FORM

Any fee in respect of the medical examination is the responsibility of the person being examined.

Diving training must not be undertaken until the candidate has completed a Medical Declaration or had a Medical Examination confirming fitness to dive.



www.uksdmc.co.uk

NOTES TO DIVER

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit. Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers. If you have any queries then please contact a medical referee (listed overleaf).

Please read carefully before completing this Self-Declaration Form

Divers answering "No" to all questions below should complete this declaration, deleting answer b), hand the original copy to your DO and retain a copy with your Qualification Record Logbook for reference purposes.

Divers answering "Yes" to any question below or are unsure on any area should delete answer a) and sign. They then must seek advice from a Medical Referee

- From a telephone call enquiry, the Referee may only need to endorse this form on your behalf. You will need to send the form to the Referee with a written confirmation of your statements to the Referee, the fee of £5.00 and a stamped self-addressed envelope for endorsement by them and return to you. Hand the original of this form to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.
- The Medical Referee may require a statement from your GP and/or to see you for examination (when a fee may be payable) and if you are found fit to dive, they will give you a completed **Certificate of Fitness to Dive** with an expiry date or a statement that further medical assessment is not required. You should attach a copy of the Certificate of Fitness to Dive to this form and hand to your Diving Officer. Ensure you retain the original of the Certificate of Fitness to Dive (you may need to provide copies for future annual declarations) with a copy of this form with your Qualification Record Logbook for reference purposes.

Diver Medical Health Questionnaire

- | | |
|--|--|
| 1. Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations? | 11. Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)? |
| 2. Have you at any time had chest or heart surgery? | 12. Have you ever had any back or spinal surgery? |
| 3. Have you suffered from or had to take medication for asthma? | 13. Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks? |
| 4. Have you ever had collapsed lung or pneumothorax? | 14. Have you any history of alcohol or drug abuse in the past five years? |
| 5. Have you ever had any other chest or lung disease? | 15. Do you have diabetes? |
| 6. Have you suffered at any time from blackouts, fainting or recurrent dizziness? | 16. Are you currently taking any prescribed medication (except the contraceptive pill)? |
| 7. Have you had regular ear problems in the past ten years? | 17. Are you currently receiving medical care or have you consulted the doctor in the last year other than for trivial infection or minor injury? |
| 8. Do you have an ileostomy, colostomy or ever had repair of a hiatus hernia? | 18. Have you ever been refused a diving medical certificate or life insurance or been offered special terms? |
| 9. Have you ever had epilepsy or fits? | 19. Have you ever had, or been treated for, decompression illness? |
| 10. Have you had recurrent migraines? | |

Name..... Telephone..... E-mail.....

Address..... Occupation.....

..... Dive Organisation..... Branch.....

..... Postcode..... Date of birth..... Membership No.....

I authorise any doctor who has attended me to disclose my medical history if requested to a Medical Referee.
Delete a) or b) following as appropriate.

- a) I hereby declare that my response to all the above questions is "No" and that to the best of my knowledge, I am in good general health and declare that I have not omitted any information which might be relevant to my fitness for diving
- b) The answer to one or more of the above questions is "yes". I have notified the Medical Referee whom I have asked to endorse this form

Signed _____ Date _____
(Signature of Parent or Guardian if under the age of 18)

For completion by Medical Referee if required by applicant
Please delete where applicable

- a) In light of verbal statements made to me I hereby endorse this self-declaration form on behalf of the applicant
- b) Unless there is a change in the applicant's medical condition, they need not submit their self declaration form to a medical referee
1) indefinitely 2) for _____ years. (Applicant should save a photocopy of this form for future years.)
- c) Having examined the applicant, I have issued a Certificate of Fitness to Dive

Signature of Medical Referee Date

Certificate of Fitness to Dive issued/not issued Dated Expiry Date

This Form is valid for one year only unless certified for a longer period by the medical referee. Any changes in health must be declared as this may affect your fitness to dive. Completed forms must be kept by the diver's Branch / Club during their period of validity.

DIRECT DEBIT AUTHORISATION 直接付款授權書

NOTE: Please complete and return this form to your banker. 注意: 請將此填妥並將此授權書交與貴戶之往來銀行。 Date 日期 _____

| | | | | |
|--|--|---------------|-----------------|------------------|
| Name of Party to be Credited (The Beneficiary) 收款之一方 (受益人) | | Bank No. 銀行編號 | Branch No. 分行編號 | Account No. 賬戶號碼 |
| SOUTH CHINA DIVING CLUB | | 0 0 4 | 5 8 3 | |

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.

This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur).

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人/吾等同意本人/吾等之往來銀行, (根據受益人或其往來銀行不時給予本人/吾等銀行之指示) 自本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定之限額。本人/吾等同意本人/吾等之往來銀行, (根據受益人或其往來銀行不時給予本人/吾等銀行之指示) 自本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定之限額。本人/吾等同意本人/吾等之往來銀行, (根據受益人或其往來銀行不時給予本人/吾等銀行之指示) 自本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定之限額。

| | | | | |
|---|--------------------------|--|-----------------|-------------------------------|
| My/Our Bank Name and Branch 本人/吾等之銀行及分行名稱 | | Bank No. 銀行編號 | Branch No. 分行編號 | My/Our Account No. 本人/吾等之賬戶號碼 |
| #My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在存單/存摺上所記之名稱 | | Contact Tel No. 聯絡電話號碼 | | |
| Limit for Each Payment/Month 每次/月付款之限額 | Expiry Date 到期日 | My/Our Address as recorded on Statement/Passbook 本人/吾等在存單/存摺上所記之地址 | | |
| \$2,000.00 | Day 日 Month 月 Year 年 | | | |
| #Name of Debtor (if other than Account Holder) 債務人之姓名 (若非賬戶持有人) | | My/Our Signature(s) 本人/吾等之簽名 | | |
| #Debtor's Reference (Compulsory Field) 債務人參考 (必需之欄) | | | | |
| S, C, D, C | | | | |
| Remarks 附註 | | | | |
| Signature Verified | | | | |

*Please delete whichever is not appropriate. 請刪去不適用者。
#Please write in block letters. 請以英文正楷填寫。
†NOTES 附註:
1. If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.
如各期付款之金額每次可能不同時, 則請將每項最高預期付款之最高限額。
2. This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date", if you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.
本直接付款授權書將於「到期日」一欄中所填之日期自動取消。如貴戶希望直接付款授權書無限期有效(或直至貴戶予以通知為止), 則請將該欄留空。
3. Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請留意 貴戶在直接付款授權書上之簽名, 與銀行賬戶簽名完全相同。
4. In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc. 在債務人之參考欄內, 請將 貴戶與收款一方之關係, 給予說明, 例如學生編號, 抵押合約號碼等。

APC126R3 (090993)

BSAC Registration and Temporary Receipt



enquiries: BSAC Membership Dept | T. 0151 350 6201 | E. membership@bsac.com
 Ford's Quay, South Pier Road, Ellesmere Port, Cheshire CH65 4FL | www.bsac.com

Membership number (Please complete if you already have a BSAC membership number. New members will have a number allocated to them by BSAC HQ)

Title Forename(s)

Surname

Date of birth / / Gender /

Address

Postcode Home Tel

Daytime Tel

Mobile Tel

Email

Have you been a member of BSAC before? / If yes, when:

I you prefer not to receive important safety updates and other information from BSAC via email, tick here:

I you prefer not to receive special offers and updates from the BSAC Shop via email, tick here:

TYPE OF MEMBERSHIP REQUIRED - tick as appropriate

Full diving membership

Abated membership **A**
*If known, please insert the membership number of the full diving member resident at the same address as the abated member

Student membership (if over 23, proof of full-time student ID required, not NUS card, please attach a photocopy with your application)

Junior diving membership (12 – 17 years)

Full Snorkel membership (with magazine)

Snorkel membership (six years old and above)

Associate membership (non-diving)

Dual membership

Important - new members only:
 Please state the previous agency and qualification if already a diver. OR write 'learn to dive' if about to embark on an Ocean Diver course

How did you hear about BSAC?

BRANCH OFFICER USE ONLY

Branch name Branch No

Branch common renewal date (where applicable): / /

Medical certificate checked

Number of months from the start of this membership to branch renewal date

BSAC MEMBERSHIP SUBSCRIPTION:

Amount paid: BSAC Subscription £

Airmail £

Branch Levy £

Total Payment £

Branch Officer name

Signature Date / /

IMPORTANT: In order to provide you with membership benefits the details provided by you on this form and in the course of your membership will be maintained on a database. I agree to abide by the rules of the British Sub-Aqua Club and acknowledge that I undertake scuba diving and any other underwater swimming and associated activities at my own risk and responsibility. I am not suffering from any physical complaint or ailment which may jeopardise my safety or well being whilst taking part in such activities.

Signature Date / / Signature of Parent/Guardian if under 18

This is a receipt for membership of: 1. A Branch of the British Sub-Aqua Club - an unincorporated association of Members interested in underwater activities. 2. The British Sub-Aqua Club, the recognised Governing Body for the sport and incorporated under the Companies Act 1948-76 and limited by guarantee without a share capital. The amount guaranteed by each member is £1 and any Member accepted for Membership is a Member of both bodies.

HOW TO PAY

Please choose from the following...

- 1. DIRECT DEBIT
- 2. CREDIT OR DEBIT CARD
- 3. BY CHEQUE

Pay by Direct Debit and receive a £5 DISCOUNT off the first year with our thanks

PAYMENT BY CREDIT OR DEBIT CARD

Please debit my credit/debit card as follows:

Card Number

Valid from (if applicable) / Issue no. (Switch only)

Card exp. date / Security code

DIRECT DEBIT – the easiest way to pay

The easiest way to pay your BSAC subscription is by Direct Debit. If your branch has registered with the branch levy scheme, you can also pay for your branch levy by Direct Debit. Please select one of the following to pay by Direct Debit:

Option A)

I would like to pay my BSAC Subscription by annual Direct Debit

or...

Option B)

I would like to pay my BSAC Subscription by annual Direct Debit AND my Branch levy by Direct Debit.

My branch levy is £ per year, to be collected:

Instruction to your bank or building society to pay by Direct Debit

Please fill in the form and send to: British Sub-Aqua Club, Talbot's Quay, South Pier Road, Ellesmere Port, Cheshire CH65 4FL.

Name and full postal address of your bank or building society

To: The Manager Branch/building society

Address

Postcode

Name(s) of account holder(s)

Branch sort code

Bank/building society account number

Service user number **9 4 8 5 2 7**

BSAC Membership Number **A**

Instruction to your bank or building society: Please pay BSAC Direct Debits from the account detailed in this instruction subject to the safeguards assumed by the Direct Debit Guarantee. I understand that this instruction may remain with BSAC and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit instructions for some types of account

DD15