



CNDA MEMBERSHIP APPLICATION

Name _____
(PLEASE PRINT: LAST NAME, FIRST NAME, MIDDLE NAME OR INITIALS AND COMMON "NICKNAME")

Spouse or Significant Other _____
(LAST NAME, FIRST NAME, INITIALS AND COMMON "NICKNAME")

Address & Postal Code _____

Area Code & Phone#: Home _____ Work _____

Email _____

Naval Diving Qualification _____
(i.e. CD, SDO, SDS, SD, PID/Reserve or Older/Other Qualifications)

Year or Date Qualified _____

Leaving Service Date _____

Date Approved _____
(Chapter) (Membership Chairman)

Remarks _____

Canadian Naval Divers Association
73 MacLaughlin Rd.
Westphal N.S.
B2W 3R8
(902)434-5545
andyd@accesswave.ca