



Name _____

Email Address _____

Address _____

Cell Phone _____

Home Phone _____

Emergency Phone _____

Years Diving _____

Years Spearfishing _____

Spearfishing Records or Titles I hold _____

Relatives that dive _____

Medical Issues _____

Allergies _____

Professionally I work as _____

I would like to help the RMSA with _____

I would be interested in becoming an officer _____

I would be interested in representing my state at DOW meetings _____

I would be interested in helping with fundraisers _____

I would be interested in helping with events _____

Shirt Size _____

Color _____

Membership Dues

Dues are \$30.00 make checks out to RMSA and mail to:

Jordan Stroup

1927 Fossil Creek Parkway

Fort Collins CO 80528

Date _____

Check # _____