



UNRENEWED DIVEMASTER UPDATE

OFFICE USE ONLY#D- _____
Cert. Date _____
By _____

PLEASE PRINT OR TYPE Check here if this is a change of address and you want our records changed accordingly.

Name _____ PADI No. _____

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Business Phone (_____) _____

FAX (_____) _____ email _____

Birth Date _____ Sex: M F Occupation _____ Primary Language _____
Day/Month/Year**UPDATE REQUIREMENTS**

VERIFIED BY

PADI No.

Completed Divemaster Exams	_____	_____
Completed Divemaster Skill Circuit	_____	_____
Completed Divemaster Rescue Evaluation	_____	_____
60 Logged Dives, with experience in night, deep and navigation	_____	_____
Current Medical	_____	_____
Current CPR and First Aid Certification	_____	_____

Update Program Completion Date _____
Day/Month/Year

PADI Instructor Name _____ PADI No. _____

PADI Instructor Signature _____

Applicant's Signature _____

FEES See current PADI Price List. All memberships expire on 31 December of the current year, regardless of date certified. Applications for renewal of your membership will be mailed to you at the appropriate time.**DO NOT WRITE IN THIS SPACE**Date _____
Amount _____**PAYMENT METHOD** Check JCB MasterCard Visa AMX Discover Card

Card Number _____

Expiration date _____

Cardholder Name _____
(please print)

Authorized Signature _____

CHECKLIST Application filled out completely One photo (print name on back) Project AWARE Card _____
(Contact yo PADI Office for fee.) Membership Renewal Fee _____**Total Payment** _____**MAIL TO**

Your PADI Office – Attn: Divemaster Renewals

Rec'd _____ Ent. _____ Shp'd _____

Attach/Tape One
4.5cm x 5.7 cm
1 3/4" X 2 1/4"Head-and-
Shoulders Photo**PRINT NAME ON
BACK OF PHOTO**Coin machine photo OK
NO DARK GLASSES