



"Building a Better Industry, One Member at a Time"

MEMBERSHIP APPLICATION

Company Name: _____

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC Years in Business: _____

Contact Person: _____ Date of Birth: _____

Contact Person's Position: _____ Years with Company: _____

Business Address: _____

City / State / Zip: _____

Business Phone: _____ Fax: _____

Toll Free Phone: _____ Toll Free Fax: _____

Home Phone: _____ Cell: _____

Facebook: _____ Skype: _____

E-mail Address for directories: _____

E-mail address for DIA correspondence: _____

Web Site (URL): _____

Trade Directory by-line (1-2 lines only): _____

DEMA Member? ☐ No ☐ Yes Number: _____ Votes: _____ Voting Delegate: _____

Category – Business - (Choose One) \$125 Annual Membership Dues

- ☐ Manufacturer ☐ Distributor ☐ Retail Center ☐ Charter Boat ☐ Dive Club
☐ Service Provider ☐ Industry Media ☐ Trade Association ☐ Training Association
☐ Service Organization ☐ Trade Show Organizer ☐ Training Facility ☐ Travel Business

Category – Individual - (Choose One) \$75 Annual Membership Dues

- ☐ Sales Representative ☐ Professional Educator ☐ Industry Professional

Payment Method: ☐ Cash / ☐ Check / ☐ Credit Card / ☐ PayPal / ☐ Square

☐ Check (payable to Dive Industry Association, Inc.) \$ _____ Check # _____

☐ If paying by Credit Card, please fill out: Type: ☐ American Express ☐ MasterCard ☐ Visa

Credit Card #: _____ Expiration Date: _____ CVV: _____

Card Holder's Name: _____ Signature: _____

☐ Referred by: _____

* DIA retains the right to re-classify members according to our membership standards.

Mail to: Dive Industry Association, Inc., 2294 Botanica Circle, West Melbourne, FL 32904-7339