



**APPLICATION FORM for ASSOCIATE MEMBERSHIP of the
INTERNATIONAL DIVING SCHOOLS ASSOCIATION**

1. NAME OF SCHOOL:

ADDRESS:

TELEPHONE Number:

FAX Number:

E-Mail

2. NAME OF OWNER(S):

3. NAME of the person directly responsible for the Management of the Centre

4. WHAT QUALIFICATIONS ARE TAUGHT NOW ?

5. TRAINING PROGRAMME : Please attach training programmes for each of the standards now taught

Signed:

Date:

Name (Please Print)