



Receipt No.....

**Sharklab - Malta**

**Sharklab-Malta Online Membership Form**

Please complete all of the details below:

Name: .....

Address: .....

.....

.....

Date of Birth: .....

E-mail Address: .....

Home Telephone: .....

Mobile: .....

Junior member Parent/Guardian details
Name: .....
Home Tel: .....
Mobile: .....

**Membership Type: (please place a cross in the box)**

Full Membership	--	€20.00	<input type="checkbox"/>
Junior Membership (under 16yrs)	--	€10.00	<input type="checkbox"/>
Student /European Voluntary Scheme Membership	--	€10.00	<input type="checkbox"/>
Online Membership (Mailing List only)	--	€ no subscription	<input type="checkbox"/>

*Payments by Cheque must be made out to Sharklab-Malta.*

**For Certified Divers only please complete this section:**

Organisation and Registration number: .....

Highest current qualification: .....

Signed: .....

Date: .....

Parent/Guardian if under 16yrs: .....

Name: .....

Name: .....

**Please return the completed form to Greg Nowell with your subscription payment  
Or mail to [greg@sharklab-malta.org](mailto:greg@sharklab-malta.org)**