



Dominica Watersports Association
PO Box 635, Roseau
Commonwealth of Dominica



Associate Membership Application Form

Name _____

Address _____

E mail Address _____

Mailing Address (If different) _____

Telephone # _____ Fax # _____

Birthdate (D/M/Y) _____ Nationality _____ Occupation _____

Are you a certified diver? Yes No

Which Organization? PADI. NAUI. SSI. CMAS. BSAC. Other _____

Cert level _____ Date Of Certification _____ Diver Number _____

Were You certified in Dominica? _____ Which Dive Centre? _____

Signature _____

This signature confirms that you are a resident of Dominica for a period not less than 18 months.

Any comments?

Submit this application, along with the necessary fees to your local dive center. Your membership will entitle you to special DWA diving and snorkeling rates. These rates will depend on space availability and are at the discretion of DWA member dive centers. Always call ahead to reserve your space and confirm availability. We thank you for your support of the Dominica Watersports Association.