

# DFA Registration Form – 2023

Dutch Freediving Association – Reg. No. 17197128

Initials/first name: \_\_\_\_\_

Surname: \_\_\_\_\_

Street/house no.: \_\_\_\_\_

Postcode & town/city: \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I started freediving in \_\_\_\_ (year).

- Certifications:
- AIDA
  - SSI
  - Apnea Academy
  - PADI
  - CMAS
  - other \_\_\_\_\_  
Level: \_\_\_\_\_
  - I'm not yet certified.

I do/don't have current medical certification from a medical professional. I have/haven't attached a copy of my medical.

## Membership fee

The amount of the annual membership fee is set by the members of the DFA on an annual basis. The 2023 membership fee is €25. The DFA collects its membership fees by direct debit standing order. Fees will be deducted from your bank account in February each year.

Your DFA membership will be renewed automatically every year, unless you inform the DFA Secretary in writing by 01 December of each calendar year that you wish to cancel your membership.

## Agreement

I hereby agree to the DFA's rules and statutes and give permission for the annual membership fee to be deducted from my account by standing order direct debit.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place: \_\_\_\_\_

Signature:

\_\_\_\_\_

