



**MEMBERSHIP RENEWAL FOR 2017 (1/1/2017 to 12/31/2017)**

Annual Membership Dues (calendar year) are \$150.00 payable to HIRSA. Pay online at [www.hawaiiansuba.org](http://www.hawaiiansuba.org) and email this form to [contact@hawaiianscuba.org](mailto:contact@hawaiianscuba.org). You may also print and mail your payment with this form to HIRSA, PO Box 3033, Kailua-Kona, HI, 96745.

An “Associate Member” category has been created which will allow individuals and businesses that have an interest in promoting recreational scuba diving activities within Hawaii. They will not have voting rights or be able to sit on the Board. The dues for an Associate Member are \$25.00.

**Membership Agreement**

By signing and submitting this application, I certify that I am a business representative or individual that engages in the retail sale of recreational scuba diving instruction and equipment (Retailer) and/or the sale of various recreational scuba diving and snorkeling tours, instruction and services. I maintain a professional image consistent with or better than the norm of the marketplace.

**OR**

My resort has established, advertised and offers consistent operational hours and complies with the local laws and industry guidelines regarding business licensure and operation.

**OR**

I represent a Manufacturer or Distributor of scuba diving and snorkeling equipment or I’m a diving professional engaged in the business of diving.

**OR**

I am an individual/business that has an interest in promoting recreational scuba diving with Hawaii and want to be an Associate Member.

**HIRSA Member Contact Information**

Please complete all the information below. This information will be posted on the HIRSA website. It may also be used in other advertising and promotional projects sponsored by HIRSA. Please print clearly. I, the undersigned, do hereby authorize HIRSA to use this information for internal use and for posting in HIRSA publications pertaining to the promotion for the HIRSA organization and its members including but not limited to the HIRSA website.

( ) Full Member \$150.00

( ) Associate Member \$25.00

Business/Associate Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website address \_\_\_\_\_ E-mail \_\_\_\_\_

Signed (required) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_