



ASSOCIATION OF DIVING CONTRACTORS INTERNATIONAL [ADCI]
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APPLICATION for SUPPORTING Membership

(1) Individuals, corporations, firms, partnerships, or other associations that support the purposes of this Association and who derive revenues through the conduct of their business activities.

(2) Organizations such as government regulatory authorities, oversight agencies, military authorities, or national associations that do not directly participate in commercial diving operations or deliver products or services to member companies of this Association.

Dues Structure

Annual Dues for Supporting Members in Category (1) above are \$900.00

Annual Dues for Supporting Members in Category (2) above shall be waived.

Supporting membership in ADCI becomes effective either: (1) upon receipt of a completed application together with first year's dues made payable to the Association of Diving Contractors International or, (2) upon receipt of a formal acceptance of an Invitation to join ADCI as a Supporting Member and upon approval by the Board of Directors.

Applicant Information:

Company or Organization _____, a Subsidiary of _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Business Founded: _____ Number of Employees: _____

Representative: _____ Title: _____

General Description of Company Business: _____

Chapter Membership [Circle] East Coast Gulf Coast MidWest Western
International Asia-Pacific Chilean Flag State Latin American & Caribbean

Processing Information

We hereby apply for membership in the Association of Diving Contractors International as a **Supporting Member**.

All Members

If approved for membership in the Association of Diving Contractors International, I pledge to foster safety in all areas of activity, to comply with all applicable ADCI standards as permitted by National laws, and to maintain high standards with regard to business ethics and the public image of the underwater industry.

Company/Organization: _____

Signature of Responsible Officer: _____ Title: _____

FOR ADCI USE ONLY

Date Received: _____ Check Sum: \$ _____

Application Forwarded to: _____ Chapter Date: _____

References Contacted: _____

Approval: Executive Director _____ Chapter Chairman _____ Board of Directors _____

Applicant Notified: _____ [date] Certificate Mailed: _____ [date]