SCLEDA Member Registration

South Carolina	
Land Remembers Leading to the Control of the Contro	Single Member Te (\$25 - individual) (\$2 Username: Application Date:

First Middle Last				
Single Member Team Member	Address:			
(\$25 - individual) (\$20 - min of 6)				
Username:				
Application Date:	Email:			
	Work Phone:			
	Cell Phone:			

Law Enforcement Agency Information							
A	gency Name					Name	
		Medica	al Information				
Date of Birth	Height	Weight	Hair		Eyes	Blood Type	
Allergies				Religious Affiliation			
Medical Conditions							
		Emerg	ency Contact				
Name:			Relationship:				
Address:				Home I			
				Cell Phone:			
			tifications				
SCCJA (Certification Nu	mber	Date 9	Started [Public Safety Diver		
						Yes / No	
Company		Course		Card Number			
1							

Notes						
		Signatures				
Signature of			D-1-			
Applicant			Date			
Signature certifies all information is true and correct.						
Signat	ture of		Data .			
Team Co	mmander		Date			
Signature certifies all information is true and correct.						
Title		Signature of Law Enforcement Agency Head		Date		
Signature certifies diver conducts dive operations for a Law Enforcement Agency and that Agency has conducted an N.C.I.C. check on the applicant.						
Only applicable if diver or team is with F.D., EMS, or Rescue Squad.						
Mail To						
		SC Law Enforcement Diver's Association				
		P.O. Box 61191				
		Columbia, South Carolina 29260				