

# F8/1005 - AUSI INTERNET REGISTRATION FORM

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Facsimile** \_\_\_\_\_

**My password is:** \_\_\_\_\_

**Type of Registration:**

Visitor	<input type="checkbox"/>		
AUSI Diver	<input type="checkbox"/>	AUSI No.	_____
Professional Visitor	<input type="checkbox"/>	Agency	_____ Certification No. _____
AUSI Snorkel Swimmer Instructor	<input type="checkbox"/>	AUSI No.	_____
AUSI Snorkel Diver Instructor	<input type="checkbox"/>	AUSI No.	_____
AUSI Scuba Instructor	<input type="checkbox"/>	AUSI No.	_____

*Instructors please note that only financial members of AUSI will have access to AUSI Instructor Packs and authorisation to issue AUSI certifications.*

**Highest Diving Qualification:**

		<b>Agency</b>
None	<input type="checkbox"/>	
Snorkel Diver	<input type="checkbox"/>	_____
Snorkel Swimmer Instructor	<input type="checkbox"/>	_____
Snorkel Diver Instructor	<input type="checkbox"/>	_____
Snorkel Diver Instructor Trainer	<input type="checkbox"/>	_____
Supervised Scuba Diver (AUSI Level I)	<input type="checkbox"/>	_____
Open Water Scuba Diver (AUSI Level II)	<input type="checkbox"/>	_____
Advanced Open Water (AUSI Level III)	<input type="checkbox"/>	_____
Deep Diver (AUSI Level IV)	<input type="checkbox"/>	_____
Rescue Diver	<input type="checkbox"/>	_____
Dive Master (AUSI Level VI Pro)	<input type="checkbox"/>	_____
Scuba Instructor	<input type="checkbox"/>	_____
Scuba Instructor Trainer	<input type="checkbox"/>	_____
Scuba Instructor Examiner	<input type="checkbox"/>	_____
Other, please specify	<input type="checkbox"/>	_____

**Where did you hear about the AUSI web site?**

Web search	<input type="checkbox"/>	Please specify: _____
Friend	<input type="checkbox"/>	
Print advertisement	<input type="checkbox"/>	Please specify: _____
Print editorial	<input type="checkbox"/>	Please specify: _____
Mail out	<input type="checkbox"/>	Please specify: _____
Other	<input type="checkbox"/>	Please specify: _____
Don't know	<input type="checkbox"/>	

**Applicant's Declaration:** I hereby declare that the information provided in this application is to the best of my knowledge true and correct and I understand that materials I can download from [www.ausi.com.au](http://www.ausi.com.au) are protected by international copyright laws and that downloaded materials can only be used for my own personal use unless I have received written authorisation from AUSI Pty Ltd. I further acknowledge that I have read and agree to the terms and conditions as specified in the AUSI Open Licence agreement. I further understand that my personal information will not be passed on to any third party by AUSI without my express permission.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:  
**AUSI PO Box 202 Queenscliff Victoria 3225 AUSTRALIA**  
**Fax: + 61 3 5255 4455 or E-mail: [info@ausi.com.au](mailto:info@ausi.com.au)**