



DEMA MEMBERSHIP APPLICATION

Complete the following pages with the required information about your company.
Incomplete applications will not be processed. Please print clearly or type.

The following information will be posted in DEMA's online directory and shared with other DEMA Members. If you do not wish for certain information to be shared please check the box next to the field label.

<input type="checkbox"/> Company Name (DBA):		<i>For DEMA Office Use Only</i>	
<input type="checkbox"/> Main Contact:			
<input type="checkbox"/> Main Contact Title:			
<input type="checkbox"/> Address 1:			
<input type="checkbox"/> Address 2:			
<input type="checkbox"/> City:			
<input type="checkbox"/> Zip/Postal Code:		<input type="checkbox"/> Country:	
<input type="checkbox"/> Phone:		<input type="checkbox"/> Fax:	
<input type="checkbox"/> Email:		<input type="checkbox"/> Website:	
Send DEMAIL:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DEMAIL Address #1:	
<input type="checkbox"/> DEMAIL Address #2:		<input type="checkbox"/> DEMAIL Address #3:	

Mailing Address – If your postal mail arrives at a different address than listed above, please list it here.

Address 1:		
Address 2:		
City:	State:	Zip/Postal:
Phone:	Fax:	

Company Details: The following information will not be shared and is for reference only.

Registered Company Name (if different than above):	
Parent Company:	
Form of Business (LLC, Corp., Partnership, S-Corp):	<input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit
Date Business Established (Month/Year):	

Company Officers - Please list the names, titles and addresses of the principal shareholders, owners, and partners of the business. Please use an additional sheet if necessary.

Name	Title	Address

Please review the DEMA membership category descriptions below. DEMA has Regular Members (listed as categories A1 – A5) and Associate members (listed as category B).

CATEGORY	DESCRIPTION			
REGULAR MEMBERSHIP				
A1: Manufacturers, Distributors and Sales Representatives of Dive Equipment Manufacturers or Distributors				
<ul style="list-style-type: none"> A business engaged in the manufacturing and/or authorized wholesale distribution of diving equipment; <u>or</u> A company whose primary activity and income are derived from authorized independent wholesale sales representation of diving equipment within the dive industry. 				
A2: Diver Certification and Training Agencies, and Field/Sales Representatives of Training Organizations				
<ul style="list-style-type: none"> A business engaged in the training and monitoring of recreational diving instructors, the production and authorization of recreational diver certifications, and the promulgation of recreational diving standards 				
A3: Dive Publishing, Media, Dive Industry Consulting, Associations & Non-Retail Service Providers				
<ul style="list-style-type: none"> Periodical with a frequency of four diving-related publications per year; <u>or</u> Book publishers with at least one diving-related title currently in print; <u>or</u> Video, film or media with at least one diving-related title in print or syndication; <u>or</u> Consumer or trade show that produces one major dive-related show per year; <u>or</u> A company whose primary activity, membership and/or income is derived from consulting in the dive industry. 				
A4: Retail Distribution of Diving Goods & Services				
<ul style="list-style-type: none"> A physical business location legally operating in a business zone location and holder of a business license and/or a tax resale number; <u>and</u> Engaged in the retail sale of diving equipment; <u>or</u> A company whose primary activity and/or income is derived from the dive retail industry. <p><input type="checkbox"/> *Yes, a copy of my current government issued business license is attached with this form.</p> <p style="text-align: center;"><u>Attention A4 Applicants:</u></p> <p>*In order to be listed in DEMA's <i>BeADiver.com</i> Professional Dive Center Search (www.BeADiver.com) your business MUST:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Be zoned for business (where such zoning is required). Have a retail store front. </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Have regular retail business hours. Provide scuba diving lessons. Sell scuba diving equipment. </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> Provide service Provide air </td> </tr> </table> <p>You also MUST send us a copy of your <i>current government issued business license</i> recognizing your business as a retail entity. Once recorded in our database this copy will be shredded. We will NOT keep a physical copy of your license on file.</p> <p><i>**Each year your license is on file with DEMA you not be required to send it in for your DEMA Show buyer credentials verification.</i></p>		<ul style="list-style-type: none"> Be zoned for business (where such zoning is required). Have a retail store front. 	<ul style="list-style-type: none"> Have regular retail business hours. Provide scuba diving lessons. Sell scuba diving equipment. 	<ul style="list-style-type: none"> Provide service Provide air
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A5 - Dive Travel or Resorts				
<ul style="list-style-type: none"> A business whose primary source of income is derived from providing the diving activities or accommodations at a dive destination (this includes resort operators, dive boats and diving live-aboard vessels); <u>or</u> A business whose primary source of income includes the transportation to dive destinations (this includes airlines, cruise lines, travel wholesalers and travel agents); <u>or</u> A business whose primary activity, membership and/or income is derived from the dive travel industry. 				
ASSOCIATE MEMBERSHIP				
B - Associate Member				
<ul style="list-style-type: none"> Any business, organization, firm, partnership, association or individual that is involved in the diving industry but does not fall into the categories listed above. This may include independent dive instructor, freelance journalist, marine artist, etc. 				
Please indicate the membership category that best defines the largest percentage of your dive industry related business or division. DEMA reserves the right to change the selected membership category.				
Please circle your chosen category: (choose ONE)	A1 A2 A3 A4 A5 B			

Dues Schedule: Please refer to the schedule below (all figures are in US dollars). Class A member companies may privately declare their sales information to DEMA. This information will not be distributed, however, it will not be held confidential by DEMA. The dues structure will be based on the recreational diving-related annual gross sales of the company.

Category "A" Members: Please pay dues based on income level, as shown below:	Annual Dues	Number of votes
Up to \$500,000	\$150	1
\$500,000 - \$2,000,000	\$500	5
Over \$2,000,000	\$2500	25
Associate (Category "B") Members:	\$150	0

Membership Term: Membership dues run on a calendar year basis, January through December. DEMA does not pro-rate for members who join mid-year.

Payment: Payment of dues and a non-refundable (one-time-only) US \$25 processing fee must accompany this application.

If sending your application via mail, fax or e-mail send to:

DEMA Membership
3750 Convoy St., Ste. 310
San Diego, CA 92111-3741 USA

Fax: (858) 616-6495

E-mail: membership@dema.org

If paying by Wire Transfer:

Please make sure that transfer references your company name, member # and/or invoice # and that **payment includes any wire fees that will be incurred** and submit to:

DEMA, c/o Bank of America
3000 South Harbor Blvd.
Anaheim, CA 92805 USA
Account #02099-16171, ABA #0260-0959-3

READ, COMPLETE AND SIGN THE FOLLOWING: I hereby certify that the information provided on this form is correct and submit application for membership with the terms and conditions set forth. **I have read and understand the DEMA by-laws and the DEMA Membership Code of Conduct and application for DEMA membership has been submitted on that basis.** I agree to promptly respond as requested by DEMA and to comply with all Association antitrust rules of conduct that may be set forth from time to time by the Board of Directors. Payment of annual dues and processing fee (US \$25 non-refundable) are herein enclosed.

Printed Name : _____	Dues Amount:	\$ _____
Title : _____	Processing Fee	\$ <u>25.00</u>
Signature: _____	Disaster Assistance Program Contribution (Voluntary)	\$ _____
	Total Enclosed:	\$ _____

Payment By: **Check: #** _____ **Credit Card:** American Express MasterCard Visa Discover

Credit Card #: _____ Expiration Date: _____

Card Holder's Name: _____

Signature: _____

International Members are requested to issue payment via credit card or wire transfer.

Please include wire transfer fees in the total submitted.

Credit Card Users: Check here if you would like DEMA to automatically renew your membership on an annual basis using the payment information listed above. Payment will be charged between 12/1 and 12/15 each year.

Authorized Signature: _____