



**SCUBA EDUCATORS
INTERNATIONAL**
Lifetime Leadership Application

Name _____
First Last Middle

Address _____
Street

City State/Province Zip/Postal Code Country

Phone _____
Home Daytime/Business

Mobile Fax

E-mail _____ DOB _____

Leadership Level _____ Agencies _____

Years of leadership _____ # Dives Logged _____

I have read, understand and agree with SEI's Leadership Agreement. I understand that failure to adhere to these standards constitutes a breach of this agreement and could result in a loss of my leadership certification status. I have purchased Scuba Professional Liability Insurance and will keep my insurance current, and I will provide proof of insurance annually. I also understand that if I do not have current Scuba Professional Liability Insurance my lifetime leadership certification will not be active. I also authorize payment of One Thousand Dollars to Scuba Educators International.

Signature _____ Date _____

Cost of Lifetime leadership certification is One Thousand Dollars US currency- payable by check, or credit card.

Check# _____ Visa MasterCard Discover American Express

Card# _____ Expires _____

Security Code _____