

The US Gulf of Mexico Diving Safety Work Group (DSWG)

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MEMBERSHIP APPLICATION

DWSG Office Use Only:

Application Reviewed: _____

Approved by Board: _____

Notification Date: _____

_____ **General Membership:** Offshore Oil and Gas Operators, Pipeline Companies, and Commercial Diving Contractors.

_____ **Affiliate Membership:** Diving equipment suppliers, Consultants, Organizations, Training Institutions.

Membership will become effective upon completion of a review by US GOM Diving Safety Work Group, and a vote of approval by the Executive Board.

If approved for membership in the US GOM Diving Safety Work Group, the member agrees to work in a non-competitive fashion to promote and improve commercial diving safety. Members will commit the time required to work on committees as requested by the executive board.

Applicant Information:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Website: _____

Check Box if you approve the DSWG to insert a hyperlink from our website member page to your website.

How did you hear out about the US GoM Diving Safety Work Group? _____

Business Founded: _____ Number of Employees: ___ 1 – 100 ___ 101 – 1000 ___ 1000+

Designated Company Representative _____ Phone Number _____

Email: _____ Signature: _____

Designated Alternative Representative _____ Phone Number _____

Email: _____

General Description of Company Business:

Primary Operating Area (Circle all that apply) United States (East Coast Gulf Coast Western coast Inland)
Canada Europe Asia-Pacific Latin American & Caribbean Middle East Africa Global Operations

