



# Leadership Renewal Application

FOR

## CALENDAR YEAR 2019

ANDI International

74 Woodcleft Ave., Freeport NY 11520 USA

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**First time Registration Fee: US\$ 25.00 USA address only / US\$ 40.00 non - USA address**  
**Annual Renewal Fee (prior to Jan 15, 2019):US\$ 25.00 USA address only / US\$ 40.00 non - USA address**  
**Annual Renewal Fee (after Jan 15, 2019):US\$ 45.00 USA address only / US\$ 60.00 non - USA address**

Name \_\_\_\_\_ ANDI No. \_\_\_\_\_  
[Last Name] [First Name] [Middle Name]

Address \_\_\_\_\_

City / State / Zip Code / Country \_\_\_\_\_

Affiliated Facility / \_\_\_\_\_ Facility # \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ FAX \_\_\_\_\_

Your E-Mail / \_\_\_\_\_  Please check here if any information above has changed since your last renewal

**Leadership Certification Level:** Original Certification Date \_\_\_\_\_ Instructor Name & No. \_\_\_\_\_

Divemaster for :  Open Water  SafeAir  Rebreather  Technical Certification Level \_\_\_\_\_

Assistant Instructor for :  Open Water  SafeAir  Rebreather  Technical Certification Level \_\_\_\_\_

Specialty Ratings \_\_\_\_\_

I certify that I have and will continue to comply with ANDI RHQ's professional liability insurance requirements, ANDI General Course Standards and Facility Standards and will maintain a current set of ANDI training materials and standards documents appropriate to the level(s) of my certification(s) as listed above. I have included with this application, proof of my insurance coverage if required by my RHQ which specifically names ANDI as an additional insured. I agree to comply with the current

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**You MUST** be recommended by a currently licensed ANDI Instructor to confirm your continued activity while working through a current ANDI Training Facility. **Check all applicable:**

- I renewed my ANDI membership in 2018 and complied with ANDI training standards and procedures.
- I did not renew my membership license in 2018  I became certified at a Leadership level during calendar year 2018.
- I attended one or more of the following during the last 12 months: (check all that apply):
  - All segments of an ANDI training program conducted by a licensed instructor for the rating applied.
  - An ANDI Update conducted by an ANDI Instructor Trainer.  An ANDI Crossover Workshop Program

Date(s) of attendance \_\_\_\_\_ Instr. Trainer Name & No. \_\_\_\_\_

**PAYMENT METHOD:** (please check ONE only)

- Check or money order in US Dollars only, payable to: ANDI International
- Visa Card Number \_\_\_\_\_ CV2/CSC \_\_\_\_\_ Exp.Date \_\_\_\_\_
- MasterCard Card Holder Name \_\_\_\_\_
- Am Ex Signature **X** \_\_\_\_\_

I certify that the above ANDI member has been performing under my direction in accordance with ANDI standards.

Instructor Signature **X** \_\_\_\_\_ ANDI # \_\_\_\_\_