



DIVERS ALERT NETWORK SOUTHERN AFRICA

ANNUAL MEMBERSHIP APPLICATION

*Mandatory fields to be completed

To apply for membership, please complete the following form and return to DAN-SA via mail@dansa.org or join online at www.dansa.org

This is an annual membership that can only be cancelled after one year.

Personal details

Were you previously a DAN member? Yes No

DAN membership number:

Diving qualification:

Agency (e.g. PADI, NAUI or SSI):

Are you working as a divemaster or dive instructor? Yes No

Please indicate your membership (e.g. SAUFF, SAFF or Pure Apnea):
Applicable to spearfishers and freedivers.

If applicable, please provide the membership number:

Do you compete in spearfishing/freediving competitions? Yes No Both

*Surname:

*First name/s:

*Title: Initial/s:

*Date of birth:

*ID/Passport number:

*Postal address:

 Code:

Telephone (W): Telephone (H):

*Cell phone: Fax:

*Email address:

*Medical aid name:

*Medical aid number:

*Medical aid dependents:

Centre of referral or referred by:

*Country of residence:

*Month for membership to start (always starts on the 1st day of the month):

Please include a DAN tag for an additional R35: Yes No
Please allow for 14 workings days for delivery.

Please include a DAN membership card for an additional R25: Yes No
Please allow for 14 workings days for delivery.

DAN membership fees and payment details

Effective from June 2018

Diving Family Once-off payment

Once-off payment Annual Membership fee (clearly mark with an X)

	1 Diver	2 Divers	3 Divers	4 Divers
Standard	R908	R1 808	R2 608	R3 408
Plus	R1 211	R2 311	R3 411	R4 511
Master	R1 413	R2 713	R4 013	R5 213

DAN-SA banking details for annual payment only (deposits or transfers)

Divers Alert Network

Bank: Nedbank

Branch: Braamfontein

Branch code: 195005

Account number: 1950508714

Type: Cheque

Please email the proof of payment, together with your application form, to mail@dansa.org

Credit card details for annual payment only

Name on card:

Type of card (e.g. Visa):

Expiry date:

CCV:
Last three digits on back of card.

Card number:

Authorised signature:

Date:

Diving Family Debit order

Debit order Annual Membership fee (clearly mark with an X)

	1 Diver	2 Divers	3 Divers	4 Divers
Standard	R91	R181	R271	R351
Plus	R111	R211	R311	R411
Master	R122	R232	R342	R452

Banking details for monthly debit order payments

Name of account holder:

Bank name:

Branch name:

Branch code:

Account type (cheque or savings):

Account number:

I hereby authorise DAN-SA to debit my bank account monthly until I cancel my membership. I understand that if my debit order cannot be processed, my membership benefits will not be valid until DAN-SA has agreed to reinstate membership once the full outstanding amount has been settled. I also understand that I will not be covered during the period that the debit order is unpaid and that a R35 charge (subject to change without notification) will be levied for dishonoured debit orders. This debit order may be cancelled 12 months after the start date with one month's notice. Any cancellation, including in the case of the death of a member, must be done in writing via fax, email or registered mail.

Name Date

Family member details

Non-divers are free and divers pay a discounted fee. Only your spouse and dependent children may be added.

1. *Surname: *Title:

*First name/s:

*Date of birth: *ID/Passport number:

Telephone (W): Telephone (H):

*Cell phone:

*Email address:

*Relationship to main member (mark with an X): Wife or husband Daughter
Partner living with me Son

Are you a diver?: Yes No

Diving qualification:

Agency (e.g. PADI, NAUI or SSI):

Working as a divemaster or dive instructor?: Yes No
If answer is yes, diver needs to apply for individual Master membership.

Please indicate your membership (e.g. SAUFF, SAFF or Pure Apnea):
Applicable to spearfishers and freedivers.

If applicable, please provide the membership number:

Do you compete in spearfishing/freediving competitions? Yes No Both
If answered yes. Diver needs to apply for individual Master membership.

Please include a DAN Tag for an additional R35 : Yes No
Please allow for 14 workings days for delivery. (Only applies to diving family members)

Please include a DAN Membership Card for an additional R25: Yes No
Please allow for 14 workings days for delivery.

2. *Surname: *Title:

*First name/s:

*Date of birth: *ID/Passport number:

Telephone (W): Telephone (H):

*Cell phone:

*Email address:

*Relationship to main member (mark with an X): Wife or husband Daughter
Partner living with me Son

Are you a diver?: Yes No

Diving qualification:

Agency (e.g. PADI, NAUI or SSI):

Working as a divemaster or dive instructor?: Yes No
If answer is yes, diver needs to apply for individual Master membership.

Please indicate your membership (e.g. SAUFF, SAFF or Pure Apnea):
Applicable to spearfishers and freedivers.

If applicable, please provide the membership number:

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Please include a DAN Membership Card for an additional R25: Yes No
Please allow for 14 workings days for delivery.

Family member details (continued)

3. *Surname: *Title:

*First name/s:

*Date of birth: *ID/Passport number:

Telephone (W): Telephone (H):

*Cell phone:

*Email address:

*Relationship to main member (mark with an X): Wife or husband Daughter
Partner living with me Son

Are you a diver?: Yes No

Diving qualification:

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4. *Surname: *Title:

*First name/s:

*Date of birth: *ID/Passport number:

Telephone (W): Telephone (H):

*Cell phone:

*Email address:

*Relationship to main member (mark with an X): Wife or husband Daughter
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Diving qualification:

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Please include a DAN Tag for an additional R35: Yes No
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Please include a DAN Membership Card for an additional R25: Yes No
Please allow for 14 workings days for delivery.

Next of kin details

Beneficiary for the DAN-SA Family Support Benefit
(pay-out if the main member's death is due to diving).
If no nominated next of kin is provided all payouts will be to the estate.

Surname:

First name/s:

Title:

Date of birth:

ID/Passport number:

Postal address:

 Code:

Telephone (W): Telephone (H):

Cell phone: Fax:

Email address:

Relationship to main member:

Note: It remains the member's responsibility to notify DAN-SA if the beneficiary's details change, for example in the case of divorce.

I understand that this is an annual membership and I am liable for the full 12 months' membership fees. A notice of 30 days' cancellation must be given. I also understand that DAN-SA membership cover is secondary to any medical aid or other insurance benefits I may have when these apply. **Please allow two working days for processing.**

You are responsible to ensure that we have your correct contact details and to ensure that your membership is active and paid up to date. DAN-SA makes every possible effort to contact you in the event of non-payment; however, we cannot be held responsible if cover is refused as a result of dishonoured debit orders or unpaid membership fees.

<input type="text"/>	<input type="text"/>
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Name

Date

|| You are responsible to ensure that we have your correct contact details and to ensure that your membership is active and paid up to date.

Submit
Now!