

ANNUAL MEMBERSHIP APPLICATION

To apply for membership, please complete the following form and return to DAN 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

Previous DAN Member?			DAN number:			
Title: Name:			Surname:			
Date of birth:			ID/Passport no:			
Postal address:			Tel. Home:			
				Tel. Work:		
				Mobile no:		
Email:						
Diving Qualification:				Dive Agency:		
Are you work	ing as a	a Divemaster or	Instructor?			
Type of Diver	:	Scuba Diver	Freediver	Spearfisherman	Snorkeler	
Medical Aid r	name:			Medical Aid no:		
Medical Aid c	lepend	ents?				
Country of residence:				Referral dive centre:		
Membership	start d	ate:				
(always start on	the 1 st d	ay of the month)				
Add DAN tag? Additional R35 (Allow 14 working days for delivery)				Add membership card Additional R25	?	



FEES & PAYMENT DETAILS

Please select your payment method:

Debit Order

(Goto next page for monthly debit order pricing)

Deposit or Transfer

(Use your membership number or name & surname as reference and email proof of payment to mail@dansa.org)

Credit Card (option 1)

(Pay directly via Sage Pay, link will be sent to your email address and mobile number during office hours)

Credit Card (option 2)

(Fill in details in space provided at bottom of this page)

Once-off payment for Annual Membership

	1 Diver	2 Divers	3 Divers	4 Divers	5 Divers
Standard	R1000	R1900	R2800	R3700	R4500
Plus	R1335	R2635	R3835	R5035	R6135
Master Dive Pro	R1555	R2955	R4355	R5755	R7055
Master Tech Diver	R1650	R3150	R4650	R6050	R7350

DAN Banking Details - Deposits or Transfers

Divers Alert Network

Bank: Nedbank

Branch: Braamfontein

Branch Code: 195005

Account no.: 1950508714 Type: Cheque

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

Credit card details for payment

Name on card:

Card type: Expiry date:

(e.g. Visa, Master Card)

Card no: CVV:

(Last three digits on back of card)



Debit order payment for Annual Membership.

	1 Diver	2 Divers	3 Divers	4 Divers	5 Divers
Standard	R100	R190	R280	R370	R450
Plus	R125	R245	R355	R465	R565
Master Dive Pro	R135	R265	R385	R505	R615
Master Tech Diver	R145	R285	R415	R545	R665

Banking details for monthly debit order payments

Name of account holder:	Bank name:			
Branch name:	Branch code:			
Account type:	Account no:			
I hereby authorise DAN 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 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:				
Surname:				
Date:				



FAMILY MEMBER DETAILS

First Family Member

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

Title: Name: Surname: Date of birth: ID/Passport no: Tel. Home: Tel. work: Mobile no: Email: Relations to main member: Spouse Daughter Life partner Son Diver? **Diving Qualification:** Dive Agency: Are you working as a Divemaster or Instructor? Type of Diver: Scuba Diver Freediver Spearfisherman Snorkeler Add DAN tag? Additional R35 Add membership card? Additional R25 (Allow 14 working days for delivery)



Second Family Member

(Allow 14 working days for delivery)

Title:	Name:		S	urname:	
Date of birth:			IE	D/Passport no:	
Tel. Home:			T	el. work:	
Mobile no:					
Email:					
Relations to m	ain member:	Spouse	Daughter	Son	Life partner
Diver?					
Diving Qualific	ation:				
Dive Agency:					
Are you worki	ng as a Divema	ster or Instru	ctor?		
Type of Diver:	Scuba	Diver Fre	ediver	Spearfisherma	n Snorkeler
Add DAN tag? Additional R35					
Add members Additional R25	hip card?				



Third Family Member

(Allow 14 working days for delivery)

Title:	Name:		S	Surname:		
Date of birth:			I	D/Passpor	t no:	
Tel. Home:			٦	Геl. work:		
Mobile no:						
Email:						
Relations to m	nain member:	Spouse	Daughte	r Sor	n Life	e partner
Diver?						
Diving Qualific	cation:					
Dive Agency:						
Are you worki	ng as a Divema	ster or Instr	uctor?			
Type of Diver:	Scuba	Diver Fr	eediver	Spearfish	erman	Snorkeler
Add DAN tag? Additional R35						
Add members Additional R25	hip card?					



Fourth Family Member

(Allow 14 working days for delivery)

Title:	Name:		S	urname:	
Date of birth:			II	D/Passport no	:
Tel. Home:			T	el. work:	
Mobile no:					
Email:					
Relations to m	nain member:	Spouse	Daughte	r Son	Life partner
Diver?					
Diving Qualific	cation:				
Dive Agency:					
Are you worki	ng as a Divema	ister or Instru	ictor?		
Type of Diver:	Scuba	Diver Fre	ediver	Spearfisherm	an Snorkeler
Add DAN tag? Additional R35					
Add members Additional R25	hip card?				



NEXT OF KIN DETAILS

Title:	Name:	Surnar	ne:	
Date of birth:		ID/Pas	sport no:	
Postal address	:			
Tel. Home:		Tel. W	ork:	
Mobile no:				
Email:				
Relationship to	o main member: Spouse	Parent	Child	Friend
the case of divorce membership fees	the member's responsibility to notifice. I understand that this is an annual of the case of 30 days' cancellation by to any medical aid or other insuration processing.	ual membership must be given. I a	and I am liable fo also understand th	r the full 12 months' nat DAN membership
active and paid u	ole to ensure that we have your corr p to date. DAN makes every possible not be held responsible if cover is re	e effort to contac	t you in the event	of non-payment;
Name:				
Surname:				
Date:				