



DIVERS ALERT NETWORK SOUTHERN AFRICA

COMMERCIAL SCHOOL STUDENT MEMBERSHIP APPLICATION

The benefits are limited to the duration of the actual diving aspects of the course, i.e. two months.

The application form must be completed and the cost per student is payable in full in advance before the commencement of a course.

Please note that no membership cards or stationary will be sent. The school will receive a confirmation email stating the name and period of cover as proof that the students are covered.

Details of training facility or school

Name of school:

Company registration number:

Number of students:

Course instructor's name:

Course name:

Course number:

Course venue:

First day of course:

Last day of course:

Contact person for enquiries:

ID/Passport number:

Postal address:

Code:

Telephone:

Cell phone:

Fax:

Email address:

This form needs to be signed by the school representative for cover to commence.

Authorised signature

Date

DAN commercial student details

1. Surname:

First name/s:

Title: Initials:

Date of birth:

ID/Passport number:

Postal address:

 Code:

Country:

Telephone (H): Cell phone:

Email address:

Medical aid name:

Medical aid number:

Medical aid dependents:

Signature:

2. Surname:

First name/s:

Title: Initials:

Date of birth:

ID/Passport number:

Postal address:

 Code:

Country:

Telephone (H): Cell phone:

Email address:

Medical aid name:

Medical aid number:

Medical aid dependents:

Signature:

DAN commercial student details (continued)

3. Surname:

First name/s:

Title: Initials:

Date of birth:

ID/Passport number:

Postal address:

 Code:

Country:

Telephone (H): Cell phone:

Email address:

Medical aid name:

Medical aid number:

Medical aid dependents:

Signature:

4. Surname:

First name/s:

Title: Initials:

Date of birth:

ID/Passport number:

Postal address:

 Code:

Country:

Telephone (H): Cell phone:

Email address:

Medical aid name:

Medical aid number:

Medical aid dependents:

Signature:

DAN commercial student details (continued)

5. Surname:

First name/s:

Title: Initials:

Date of birth:

ID/Passport number:

Postal address:

 Code:

Country:

Telephone (H): Cell phone:

Email address:

Medical aid name:

Medical aid number:

Medical aid dependents:

Signature:

6. Surname:

First name/s:

Title: Initials:

Date of birth:

ID/Passport number:

Postal address:

 Code:

Country:

Telephone (H): Cell phone:

Email address:

Medical aid name:

Medical aid number:

Medical aid dependents:

Signature:

DAN membership fees and payment details

	4 weeks	8 weeks	12 weeks
Number of weeks required (only select the appropriate period)	R253	R506	R759

DAN-SA banking details for 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

Name on card:

Type of card (e.g. Visa):

Expiry date:

CCV (last three digits on back of card):

Card number:

Authorised signature:

Date:

