



DIVERS ALERT NETWORK SOUTHERN AFRICA

# PROFESSIONAL MEMBERSHIP APPLICATION

To apply for this membership, please complete the following form and return to DAN-SA via mail@dansa.org

## Professional individual details

Surname:  First name/s:

Title:  Initials:

Date of Birth:

ID/Passport number:

Postal Address:   
  
 Code:

Telephone:

Cell phone:  Fax:

Email address:

Class of diver:

Registration number:

Membership choice (mark with an X): Rescue Diver  Scientific Diver   
Photographic Diver

Are you in possession of either DOL, HSE/IMCA or equivalent diving medical certification/are you declared fit for commercial diving?: Yes  No   
(Please attach confirmation)

Confirming doctor:

Doctor's telephone:

Medical aid name:

Medical aid number:

Medical aid dependents:

Do you have any medical restrictions? (Attach details if yes): Yes  No

Do you have any previous cases of DCI? (Attach details if yes): Yes  No

Name of person to be contacted in the event of an accident (with full contact numbers):

I hereby declare that the particulars and answers given above are, to the best of my knowledge, true and I agree that this declaration shall form the basis of the agreement between Divers Alert Network and me. Furthermore, I understand that it remains a warranty precedent to any liability under the membership benefits to be in a normal and good state of health and likely to remain so for the duration of the membership. This membership can only be cancelled after 12 months and Divers Alert Network must be informed in writing 90 days prior to the annual renewal date.

This form needs to be signed by the diver for benefits to commence.

Authorised signature

Date

# Next of kin details, DAN membership fees and payment details

## Next of kin details

Beneficiary for the DAN-SA Family Support Benefit (pay-out if the main member's death is due to diving).

Surname:

First name/s:

Title:  Initials:

Date of birth:

ID/Passport number:

Postal address:   
  
 Code:

Telephone (W):  Telephone (H):

Cell phone:  Fax:

Email address:

Relationship to main member:

## Fees and payment details

This is an annual membership payable either as a once-off payment or two payments per year. It will remain the responsibility of the diver to ensure his/her second payment is made in time. If the second payment is not made within the first six months, the diver will not be covered for the remaining period.

	Annual	Bi-annual
Rescue Diver	R3 200	R1 600
Scientific Diver	R3 200	R1 600
Photographic Diver	R3 200	R1 600

First month of cover (starts the 1st day of the month):

## 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](mailto: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: