



Ordering Information for *DAN's Gift of Safety*

1. Should you wish to give more than one Gift Certificate print off as many applications as you require.
2. Be sure to select whether you are applying for an *INDIVIDUAL* or *FAMILY* Gift Membership. If applying for a family membership write all the recipients names in the space provided for first name and separate with a comma. *To view the Family Membership Definition visit: www.danasiapacific.org/main/membership/familydefinition.php.*
3. If you would like to add a level of ***Optional Dive Injury Insurance*** to the Gift Membership tick the box to indicate the level of cover required. Visit the Membership & Insurance section on the DAN AP website for more information regarding each of the Dive Injury Insurance Plans.

IMPORTANT: Treatment Insurance coverage is per person not per family. If you wish to add Treatment Insurance for any or all applicants please attach a separate sheet with the Person's Name, Date of Birth and the Level of Treatment Insurance you are gifting to them.
4. Be sure to write your message (and all information) as clearly as possible.
5. Your credit card will only be debited once DAN AP receives the completed application form that DAN AP sends to the recipient. *THE GIFTED MEMBERSHIP WILL BECOME ACTIVE ONCE WE PROCESS THE APPLICATION.*
6. The recipient will receive a Greeting Card with your personal message. The recipient will also receive information re how to redeem the Gift Voucher.
7. For further information or assistance please contact the DAN AP Team on 03 9886 9166, email marketing@danasiapacific.org, or visit www.danasiapacific.org.
8. Fax completed forms to 03 9886 9155 or scan & email to marketing@danasiapacific.org.

Thank you for your order & for considering the gift of safety as a valuable gift.

Remember, DAN's Gift of Safety is available all year round!

Divers Alert Network
www.danasiapacific.org



The Gift of Safety ORDER FORM

Fax completed forms to 03 9886 9155 or scan & email to: marketing@danasiapacific.org

PURCHASER DETAILS

Member Number: _____

First Name/s: _____ Family Name: _____

Address: _____

Postcode _____

Contact Phone No: _____ Email: _____

RECIPIENTS DETAILS

First Name/s: _____ Family Name: _____

Address: _____

Postcode _____

Mobile or Business No: _____ Email: _____

MESSAGE TO APPEAR ON CARD (MAXIMUM 70 WORDS)

PAYMENT DETAILS

Membership Type: Individual \$66* Family \$93.50* *(*includes GST, Stamp Duty & Admin Charges)*

(DAN AP Membership includes Emergency Evacuation Coverage to an appropriate medical facility)

Optional Dive Injury (Treatment) Insurance:

Standard (\$66*) Master (\$88*) Preferred (\$143*)

Note: If ordering a Family Membership, the Dive Injury Insurance Plans are per person. Please attach a separate sheet with each Family Member's Name, Date of Birth and the Treatment Insurance Plan you are gifting to each person.

Credit Card: Visa Mastercard Amex

Card Number: _____ Expiry Date: _____ / _____

Name on Card: _____

Signature of Cardholder: _____