



## **Ordering Information for DAN's Gift of Safety**

1. Should you wish to give more than one Gift Certificate simply print off as many applications as you require.
2. Be sure to select whether you are applying for an *INDIVIDUAL* or *FAMILY* Gift Membership.
3. If applying for a family membership simply write all the recipients names in the space provided for first names and separate with a comma.
4. For more information on the Optional Dive Injury Insurance Policies refer to the Membership & Insurance section on the DAN Asia-Pacific: [www.danasiapacific.org](http://www.danasiapacific.org).

**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 Level of Treatment Insurance you are gifting to them, in addition to the Membership.**

5. Be sure to write your message (*and all information*) as clearly as possible.
6. Your credit card will only be debited once DAN AP receives the completed application form that we send to the recipient. *THE GIFTED MEMBERSHIP WILL BECOME ACTIVE ONCE WE PROCESS THE APPLICATION.*
7. The recipient will receive a Greeting Card with your personal message. The recipient will also receive information re how to redeem the Gift Voucher.
8. For further information or assistance please contact the DAN AP Team on +61 3 9886 9166, email [marketing@danasiapacific.org](mailto:marketing@danasiapacific.org).
9. Fax completed form to +61 3 9886 9155 or scan & email to [marketing@danasiapacific.org](mailto:marketing@danasiapacific.org).

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

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



# Gift of Safety ORDER FORM

Fax Completed Forms to +61-3-9886 9155 or scan & email to [marketing@danasiapacific.org](mailto:marketing@danasiapacific.org)

## PURCHASER DETAILS

Member Number: \_\_\_\_\_

First Name/s: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip/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 AUD\$70\*  Family AUD\$95\* *(\* Includes \$10 Postage Charge)*

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

Optional Dive Injury (Treatment) Insurance:  Standard AUD\$60  Master AUD\$75  Preferred AUD\$125  Preferred Plus AUD\$170

**Note: If ordering a Family Membership, Dive Injury Insurance is Per Person. See Ordering Information on Cover.**

Credit Card:  Visa  Mastercard  Amex

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_