



Instructions & Information for Ordering 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 please refer to the Membership & Insurance section on the DAN Asia-Pacific: www.danasiapacific.org. *To add on a level of Dive Injury Insurance tick the relevant box to indicate the level of cover required. Please note for the Family Membership option Dive Injury Insurance is per person.*
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 an A5 size Gift Certificate which will be inserted into a Greeting Card containing your personal message. In addition, we will include the DAN Membership Application form for the recipient to complete, plus simple instructions advising exactly what the recipient must do in order 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.
9. Fax completed form to +61 3 9886 9155 or scan/email to 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 email to 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

Note: If ordering a Family Membership the Dive Injury Insurance is Per Person.

Credit Card: Visa Mastercard Amex

Card Number: _____ Expiry Date: _____ / _____

Name on Card: _____

Signature of Cardholder: _____