



# DAN Asia-Pacific Application Form

This form is for use by residents of Australia only

Thank you for choosing to support dive safety by becoming a DAN Member.

**MANDATORY FIELDS ( MARKED WITH AN \*) MUST BE COMPLETED TO AVOID DELAYS IN THE PROCESSING OF YOUR APPLICATION.**

If you are applying based on a referral from a Dive Operator enter their Referral Code here:

## SECTION A: MEMBERSHIP

*(Provides TravelAssist incl. Emergency Evacuation, Alert Diver Magazine, 24-Hour Emergency Hotlines, Product Discounts, support of DAN AP)*

\* Are you a Renewing Member? (Please Tick)  YES  NO

If renewing please enter your existing membership number:

**MEMBERSHIP TYPE:** (Please Tick)  Individual (AUD\$66)  Family (AUD\$93.50)

*A Family Membership is defined as you and your spouse or legal cohabitor or dependent; Child if unmarried and under 18 yrs old or; your unmarried child who is 18 yrs old or until his or her 24th birthday if that child, a) is enrolled as a full-time student at an accredited school or college and; b) is not employed on a full-time basis; and c) has the same home permanent address as the parent.*

## PRIMARY MEMBERS DETAILS

\* Surname:

\* First Name:  Other Name/s:

\* Residential Address:  \* State:

City:  \* Postcode:

\* Date of Birth:  Home Phone:

Work Phone:  Fax No.:

Email:

*NOTE: Providing your email address means you will receive confirmation of your application, a Membership renewal reminder when due, the DANAP quarterly newsletter, information on dive safety seminars and DAN Training in your area and, on occasion, other promotional or safety emails. By providing your email address you agree to receive the above information.*

\* Do you have any other current health/injury/travel insurance?  YES  NO If "yes" please identify the insurer/s:

## \* PRIMARY MEMBERS OPTIONAL DIVE INJURY INSURANCE REQUIREMENTS

*NOTE: Optional Dive Injury Insurance is in addition to DAN AP Membership. If no option is selected we will assume you are applying for membership only.*

No Dive Injury (Treatment) Insurance Required  Standard (AUD\$66)  Master (AUD\$88)  Preferred (AUD\$143)

## NATIONALITY

*If you are not an Australian National, tick here to declare that you intend to reside in Australia for a period of 3 months for Membership Only or 12 months or more for Membership and optional Dive Injury Insurance.*

\* Please enter your Nationality

*Note: Should you make a claim you may be required to provide evidence of your long term residency in the country for your claim to be approved.*

## MEDICAL CONDITION, SIGNIFICANT INJURY OR DCI

\* Do you, or a family member included in your family membership, have a medical condition, significant injury or previous decompression illness (DCI) that needs to be declared?

Yes  No

*If "Yes", you must download a Medical Declaration Form & fax it to DAN along with this application form. The form can be downloaded via the website at [www.danasiapacific.org/main/membership/austdec\\_i.php](http://www.danasiapacific.org/main/membership/austdec_i.php)*



# **Notes on Completing the DAN Application Form** (Aust)

**This application form is made up of five (5) distinct sections.**

## **Sections of the Application You Need to Complete**

*Where details have been provided for the primary applicant only, it will be assumed membership is for an individual applicant only.*

### **INDIVIDUAL MEMBERSHIP**

- You will only need to complete sections A, C, D and E if applying for an Individual Membership with or without the Optional Insurance Component.

### **FAMILY MEMBERSHIP**

- You will need to complete all sections (A,B,C,D,E) if you are applying for a Family Membership.

## **Information About Your Application**

Membership is annual for 12 months from the date of activation. Membership and premium prices are shown in Australian dollars (AUD\$). Your membership and insurance are not activated until acceptance and processing by DAN AP and confirmation of valid payment. Payment must accompany application. Processing normally takes 1 week unless a Fast Processing is requested. Please ensure that your membership is arranged in advance of an anticipated trip. *Availability of services and benefits for evacuation or injury commences on acceptance of an application for membership of DAN AP. The applicant is required to complete the application fully and in good faith. No cover is provided for any evacuation, medical, paramedical or other injury benefits resulting from or materially contributed to, directly or indirectly by any diving or other activity in which the applicant engaged prior to and up to the time of acceptance of the application by DAN AP, regardless of the date on which any claim for cover is made by or on behalf of the applicant. NOTE: Prices include 10% GST, State Stamp Duty administration charges. **Your credit card will be debited according to the options you have selected.***

## **Fast Processing**

There is no evacuation or insurance cover whatsoever until payment has been cleared and the application has been accepted by DAN. Once completed you will be faxed or emailed your membership number as well as the contact numbers to be used in an emergency, so be sure to provide a legible fax number or email address. Your application will be processed within 24-hours if received during business hours (Monday-Friday 9.00am-5.00pm). If received on a weekend your application will be processed within 72-hours from the time of receipt at DAN's Head Office.

## **Nationality**

If you are not a National of Australia you will need to tick the box to state that you will be residing within Australia for a period of:

- Membership Only: At least 3-months
- Membership + Dive Injury Insurance: At least 12 months.

By ticking the box you are stating this is true. In the event of a claim you may be required to prove your long-term residency in Australia for your claim to be approved.

## **Duty of Disclosure**

**What you must tell us** -When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

**Who needs to tell us** - It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

**If you do not tell us** - If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

## **DECLARATION**

*By submitting this form the proposed Insured Person states as follows:*

1. I am the Insured Person and I have read and understood the questions in this form. In particular I understand the Duty of Disclosure to the Insurer as outlined on this website.
2. I acknowledge that the Insurer will rely on the statements in this form and other qualified persons in relation to this insurance in deciding whether to issue cover. I acknowledge that the Insurer will have no liability whatsoever until it accepts this application.
3. I declare that each statement that I make to the Insurer in relation to this insurance and this form is true and correct. I acknowledge that the information requested and contained in this form will be held in accordance with the Australian Information Privacy Act 2000.
4. I declare that each applicant included for membership/insurance on this form is an Australian National or long-term resident of at least 12 months.