



Student Membership Roster

1. Distribute the Insurance Record (item 821-0200) and DAN Membership Application (item 031-0200) to each student.
2. Entry-level students and instructors must complete all the required information and sign this Roster.
3. Fax this Roster to DAN at **+1-919-490-6630**. Date _____

Instructor Name _____ DAN # _____ Cert. Agency _____

Address _____ City _____

Instructor State/Province _____ Postal Code _____ Country _____

Telephone _____ Fax _____ Email _____

If the store is to receive points, include store name _____ DAN Store # _____

I acknowledge that signed Rosters must be received at DAN to activate Student Membership. _____
Instructor Signature

Student 1

Student Name | _____ |
 Address | _____ |
 City | _____ |
 State/Province | _____ | Postal Code | _____ |
 Country | _____ | Date of Birth | ____-____-____ |
 Email | _____ |

I understand that I am enrolling in the DAN Student Membership program. _____
Student Signature (Parent or Guardian if under 18)

Student 2

Student Name | _____ |
 Address | _____ |
 City | _____ |
 State/Province | _____ | Postal Code | _____ |
 Country | _____ | Date of Birth | ____-____-____ |
 Email | _____ |

I understand that I am enrolling in the DAN Student Membership program. _____
Student Signature (Parent or Guardian if under 18)

Student 3

Student Name | _____ |
 Address | _____ |
 City | _____ |
 State/Province | _____ | Postal Code | _____ |
 Country | _____ | Date of Birth | ____-____-____ |
 Email | _____ |

I understand that I am enrolling in the DAN Student Membership program. _____
Student Signature (Parent or Guardian if under 18)

Student 4

Student Name | _____ |
 Address | _____ |
 City | _____ |
 State/Province | _____ | Postal Code | _____ |
 Country | _____ | Date of Birth | ____-____-____ |
 Email | _____ |

I understand that I am enrolling in the DAN Student Membership program. _____
Student Signature (Parent or Guardian if under 18)

The information on this Roster will be used for insurance record purposes. DAN reserves the right to solicit the individuals whose names appear on this Roster to purchase DAN Membership and related products. For more information, contact DAN toll-free at **1-877-532-6776** or **+1-919-684-2948 ext. 636** or email **PROMEMBER@DiversAlertNetwork.org**

PLEASE PRINT IN INK

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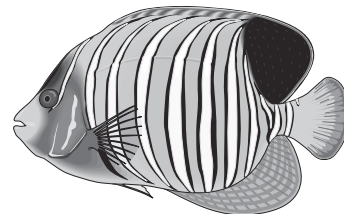
ATTN: STUDENT MEMBERSHIP PROGRAM
DIVERS ALERT NETWORK
6 W COLONY PLACE
DURHAM NC 27705-9814

FIRST CLASS
POSTAGE
REQUIRED

Student Membership Roster



 **DAN**[®]
Student Membership
For the Entry-Level Diver



The **DAN Student Membership program** provides essential dive insurance coverage that all entry-level students should have.



DAN Rewards Program

Earn valuable DAN points when your students join DAN within six months. Contact DAN to learn how to redeem your DAN points for DAN oxygen equipment, training materials and other DAN products. Call 1-877-532-6776 or +1-919-684-2948 x 636 or email PROMEMBER@DiversAlertNetwork.org

Note: Points are awarded to the instructor, unless the Store Name is provided on the Student Roster.

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- ❖ **Enroll students online and download new Student forms**
Visit the DAN website at www.DiversAlertNetwork.org
 - ❖ **The Free DAN Student Membership Video is available on request**
Contact DAN and ask for item 101-1500