



SPECIAL OFFER TO
Witherspoon & Associates Inc.
CLIENTS

Become a DiveAssure Member **NOW** and have the best diving insurance and assistance benefits on your side.

In depth coverage information can be found on www.diveassure.com.

- Please register me / me and my family members for the DiveAssure Program indicated below:
- Please register me/me and my family when my current dive accident insurance expires on /...../.....
- Please contact me before my current dive accident insurance expires on /...../.....

	PLATINUM	DIAMOND 1500	DIAMOND 3000	DIAMOND 5000
	1 Year	1 Year	1 Year	1 Year
Single	<input type="checkbox"/> \$85	<input type="checkbox"/> \$139	<input type="checkbox"/> \$193	<input type="checkbox"/> \$238
Family of 2	<input type="checkbox"/> \$154	<input type="checkbox"/> \$251	<input type="checkbox"/> \$348	<input type="checkbox"/> \$429
Family of 3	<input type="checkbox"/> \$222	<input type="checkbox"/> \$363	<input type="checkbox"/> \$504	<input type="checkbox"/> \$620
Family of 4	<input type="checkbox"/> \$282	<input type="checkbox"/> \$460	<input type="checkbox"/> \$639	<input type="checkbox"/> \$787
Family of 5	<input type="checkbox"/> \$333	<input type="checkbox"/> \$544	<input type="checkbox"/> \$755	<input type="checkbox"/> \$930

Details of First Family Member:

*Name: First Last:

*Instructor Number

Dive Shop Name: City..... State.....

*Year of birth:

*Street address:

*City: *State: *Zip:.....

(Please note: DiveAssure is not yet available to residents of NY, LA, MD, ND, VT, WV and OR)

*E-mail:..... Day Phone#: ().....

Please charge the following credit card:

Name on card

Card Number Expiration Date/.....

I authorize DiveAssure &/or Witherspoon & Associates, Inc. to charge my credit card the appropriate membership fee for the DiveAssure program I have selected as indicated above.

Date: /...../..... Membership Effective Date (if future date): /..... /.....

Signature (card holder and main member):

PLEASE FAX FORM TO :

Additional Family Members

2nd Family Member's Name: **Year Of Birth:** ____

3rd Family Member's Name: **Year Of Birth:** ____

4th Family Member's Name: **Year Of Birth:** ____

5th Family Member's Name: **Year Of Birth:** ____

PLEASE FAX FORM TO :
OR MAIL TO: