



Hang Gliding Federation of Australia

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VISITING PILOT MEMBERSHIP APPLICATION (4 MONTHS)

Date Recv'd	
Amount	
Chq # / CC	
Cash Book	
Computer	
Reply Sent	

Office Use Only

Form 1v – Revised Sept08

NOTE: Please complete all details in BLOCK letters.

Given Name: _____ Surname: _____

Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Country: _____ Date of Birth: ____/____/____ Sex: M / F

Work Phone: _____ Home Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____ Club: _____

Next of Kin: _____ Relationship: _____

IF PREFERRED YOUR MEMBERSHIP CARD CAN BE POSTED TO AN ADDRESS IN AUSTRALIA - PLEASE PROVIDE DETAILS BELOW:

Australian Address: _____

Suburb/Town: _____ State: _____ Post Code: _____

Please Provide the Following Information and Tick Appropriate Boxes:

INTENDED PERIOD OF MEMBERSHIP REQUIRED: Date From: ____/____/20__ **Date To:** ____/____/20__

Discipline: Hang Gliding [] Paragliding [] Microlighting []

MEMBERSHIP DECLARATION

I the undersigned, wish to apply for membership of the Hang Gliding Federation of Australia Inc.

I understand that this membership is provided to me on the assumption that I have undergone appropriate training in the forms of aviation within my home country and that I will evidence such training by supply of a certificate or licence issued from my home country. I hereby undertake to not enter any aviation activity while in Australia that my licence or certificates do not cover unless I undertake those activities under the supervision of an HGFA approved Flight Instructor or Senior Safety Officer.

I also understand that aircraft administered by the HGFA must only be operated in accordance with Civil Aviation Regulations, the HGFA Operations Manual or as per directions given by the HGFA General Manager from time to time.

I further understand that membership to the HGFA provides me 3rd Party Loss and Damages Liability Insurance with a claims excess of \$2000 per occurrence which is payable by me for any claim on the insurance for property loss or damage.

I understand that membership and the insurance is subject to my signing the HGFA Release, Assumption of Risk and Warning Form.

I also hereby declare that my health is at least equivalent to that required for the issue of a Private Motor Vehicle Drivers Licence within Australia.

I hereby agree to abide by the constitution, rules and regulations of the HGFA and authorise payment in accordance with the following details.

MEMBER'S SIGNATURE: _____ **DATE:** _____

MEMBERSHIP APPLICATION / DECLARATION MUST BE SIGNED TO GAIN MEMBERSHIP

Payment Details Visiting Pilot Membership Fee (Incl GST)	\$100.00
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I wish to pay by: Cheque [] Postal Order [] Credit Card [] (VISA, MASTERCARD, BANKCARD & AMERICAN EXPRESS)

CARD NUMBER: _____ **EXPIRY DATE:** ____/____/____

CCV NUMBER (_____) **CARDHOLDER'S NAME:** _____
(3 digit number on back of card):

CARDHOLDER'S SIGNATURE: _____ **DATE:** ____/____/____