



# Hang Gliding Federation of Australia

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## VISITING PILOT MEMBERSHIP APPLICATION (2, 4 or 6 MONTHS)

Office Use Only

Form 1v-April 2010

**NOTE: Please complete all details in BLOCK letters.**

**PLEASE PRINT CLEARLY**

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Sex: M / F 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:**

**Membership Type:**    Visiting Pilot Member    (2, 4 or 6 month term of membership)

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

**PLEASE READ AND SIGN MEMBERSHIP DECLARATION BELOW**

**MEMBERSHIP DECLARATION**

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

I understand that membership entitles me (after paying appropriate fees) to operate the specified aircraft in accordance with Civil Aviation Regulations and the HGFA Operations Manual and provides 3<sup>rd</sup> 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 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: \_\_\_\_\_

INTENDED PERIOD OF MEMBERSHIP REQUIRED - Date From:    /    / 20..    Date To:    /    / 20..

**MEMBERSHIP APPLICATION/DECLARATION MUST BE SIGNED TO GAIN MEMBERSHIP**

<b>PAYMENT DETAILS – 2 months \$49.00 – 4 months - \$69.00 – 6 months - \$89.00</b>	<b>\$</b>
<b>VISITING PILOT MEMBERSHIP FEE (incl. GST)</b>	

**I wish to pay by: Cheque [ ] Postal Order [ ] Credit Card [ ] (VISA, MASTERCARD, BANKCARD & AMERICAN EXPRESS)**

CARD NUMBER:    . . . / . . . / . . .    EXPIRY DATE:    . / .

CCV: \_\_\_\_\_ CARDHOLDERS NAME: \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_