

# RAAF RICHMOND GLIDING CLUB

## APPLICATION FOR MEMBERSHIP

Full Name:.....Date of Birth:.....

Membership Type: (circle) **Full / Affiliate / Honorary / Junior**

Note: Serving RAAF personnel, Defence civilians employed at a RAAF base and the dependents of same are eligible for **Full** membership.

Ex RAAF personnel who reside in the immediate area and current members of the RAN and ARA who serve in the immediate area are eligible for **Affiliate** membership.

Those applicants who do not meet the above criteria are eligible for **Honorary** membership.

Address.....

..... Postcode .....

Occupation/Category/Mustering/AAFC ..... Service No:.....

Category/Mustering and Service number for retired Service personnel .....

Telephone.....(Home)..... (Business).....(Mob)

E-mail.....

Flying Qualifications.....

.....

Previous Aeronautical Experience.....

.....

A condition of membership of the club is that each member, including affiliated, honorary and junior members, agree to:

- indemnify and relinquish all claim to the RAAF Richmond Gliding Club; and
- indemnify and relinquish all claim from the office bearers of the RAAF Richmond Gliding Club and any member of the Club as well as the Commonwealth of Australia in the event of sustaining any loss, injury or death whilst associated with or engaged in the activities of the Club.

I, the above mentioned, hereby apply for membership as of the RAAF Richmond Gliding Club and agree to be bound by it's Constitution, Rules, Regulations and By-laws (which may be amended from time to time), and to observe the directions of the Committee of Management, Chief Flying Instructor, Instructors and other duly authorised officers. I also agree to comply with all relevant Base Standing Instructions and Defence Instructions.

Signature of Applicant.....Date:.....

Signature of Sponsor.....Date:.....

BCDR Signature (if applicable).....Date:.....

Club Joining Fees: \$20.00 (First time members only)

Club Annual Fees: \$200.00

Total:.....

Date.....

# ***THE GLIDING FEDERATION OF AUSTRALIA***

## ***DECLARATION OF MEDICAL FITNESS***

***(To be completed by all members who intend to fly)***

NOTE: Members who are unable to make this declaration may obtain a clearance to fly in the form of Appendix II.

I, ..... hereby declare:

\* (a) I am the holder of a current Private Pilots license. The license number is:

\* (b) I have never suffered from any of the following:

Epilepsy, Fits, Severe Head Injury, Recurrent Fainting, Giddiness,  
Blackouts, Abnormally High Blood Pressure or Heart Disease. I am  
Not taking insulin for the control of Diabetes, and

I further declare that, in the event of contracting or suspecting any of the above  
Conditions, I will cease flying until I have obtained a medical opinion that it is safe to  
Continue flying.

(\*Delete as appropriate)

Pilots Signature.....Date.....

Signature of Parent or Guardian .....  
(For persons under 18 years)

NOTES:

1. Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make you temporarily unable to fly.
2. If you wear spectacles, you should carry a spare pair easily accessible in flight.