

RAAF RICHMOND GLIDING CLUB

APPLICATION FOR MEMBERSHIP 2019/20 Membership Year

Full Name.....**Date of Birth**.....

Membership Type: (Tick) **Full** **Affiliate** **Honorary** **Junior**

Note: Serving RAAF, RAN and ARA personnel, Australian Public Servants (APS) employed at Defence facilities and the dependents of same are eligible for **Full** membership.
Ex RAAF, RAN and ARA personnel who reside in the immediate area and Australian Air Force Cadets are eligible for **Affiliate** membership. Members in the 14-21 age bracket will be classed as **Juniors** and will pay the **Affiliate** membership fee.
Those applicants who do not meet the above criteria are eligible for **Honorary** membership.

Address:

.....**Postcode:**

Service Member **Public Servant** **Ex-Service Member** **AAFC** **Contractor** **Other**

Underline or circle one

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:

Please type in your name if filling out form electronically and do not have an electronic signature

Signature of Sponsor.....Date:

Please type in your name if filling out form electronically and do not have an electronic signature

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

Please type in your name if filling out form electronically and do not have electronic signature

Club Annual Fees: Honorary **\$100.00**

Affiliate & Junior Members **\$50.00**

Full Members **\$5.00**

RAAFRGC Bank Details for electronic transfer etc: **BSB: 833-205, Acct No: 20518257**

THE GLIDING FEDERATION OF AUSTRALIA INC

ABN: 82 433 264 4

C4/1-13 The Gateway, Broadmeadows Victoria 3047

Phone: (03) 9359 1613; Fax: (03) 9359 9865

Declaration of Physical Fitness

Note: This declaration is to be made annually by members who intend to fly as “pilot in command” and do not hold a valid CASA Medical Certificate or a Medical Practitioner’s Certificate of Fitness in the form at Appendix 2 of the GFA Operational Regulations.

I,(name) of.....

.....(address) Postcode.....

hereby declare that to the best of my knowledge I am not suffering from any physical condition that would preclude me from operating a glider as pilot in command.

I further declare that I do not suffer or have not suffered from:

- Heart failure within the last 3 years
- Cancer in the last 5 years
- ECG changes
- Insulin dependent diabetes
- Transient ischaemic attacks (sometimes referred to as a mini stroke)
- Multiple sclerosis, cerebral palsy, Parkinson’s disease
- Significant head injury
- Renal calculus disease (kidney stones)
- Vestibular disorders (vertigo)
- Inability to hear conversational voice at a distance of 2 metres (a hearing aid may be used)
- Physical limitations or disabilities

In the event of my contracting any physical condition precluding me from operating a glider as pilot in command, I undertake to the Gliding Federation of Australia that I will cease flying in that capacity while the condition makes it unsafe for me to do so.

Pilot’s Signature:.....Date:.....

Please type in your name if filling out form electronically and do not have an electronic signature

Signature of parent or guardian:.....

(for persons under 18 years)

Note: Members who are unable to make this declaration may obtain a medical clearance to fly as pilot in command in the form at Appendix 2.

This declaration shall remain valid for a period of one year only