



Hang Gliding Federation of Australia

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SHORT TERM MEMBERSHIP APPLICATION (4 MONTHS)

Office Use Only

Form 1 st -Nov 2008

NOTE: Please complete all details in BLOCK letters.

HGFA Number: _____		Given Name _____		SURNAME _____	
Address: _____					
Suburb/Town: _____		State: _____	P/code: _____	Date of Birth: ___/___/___	
Wk Phone: _____		Home Phone: _____		Fax: _____	
Mobile: _____		E-Mail: _____			Sex: M / F
Club: _____		Next of Kin: _____		Relationship: _____	

Please Provide the Following Information and Tick Appropriate Boxes:

Name of Training Facility and/or Instructor: _____

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

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 to Pilot Certificates and Endorsements (after paying appropriate fees) to operate the specified aircraft in accordance with Civil Aviation Regulations and the HGFA Operations Manual and provides Liability Insurance with a claims excess of \$2000 per occurrence.

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

STUDENT PILOT PAYMENT DETAILS – 4 Month Membership (Includes Log Book & Workbook)	\$150.00
Other Merchandise	\$
Total Amount Due (and enclosed)	\$

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

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

CARDHOLDER'S NAME: _____

CARDHOLDER'S SIGNATURE: _____ DATE: _____