



AUSTRALIAN BALLOONING FEDERATION INC.

P O Box 402, Emerald, Vic. 3782

ABN 62 059 408 970 ACT Reg No. A3071

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This document becomes a TAX INVOICE on payment - Date of issue 02/12/2011

2012 MEMBERSHIP RENEWAL FORM

NAME: SURNAME FIRST NAME INITIAL PREFERRED NAME

ADDRESS: STREET CITY STATE POSTCODE

CONTACT: HOME TELEPHONE WORK TELEPHONE FACSIMILE

MOBILE E-MAIL

Date of birth: / /

MEMBERSHIP – All membership subscriptions are due on 31st December. Late penalty applies after Feb 1st

	Paid Before Jan 1	After Feb 1	Overseas Resident - (Includes extra for airmail postage)
Australian Resident			
Associate	\$ 51.00 <input type="checkbox"/>	\$ 51.00 <input type="checkbox"/>	\$ 73.00 <input type="checkbox"/>
♦Normal/Observer	\$ 76.50 <input type="checkbox"/>	\$ 98.50 <input type="checkbox"/>	\$ 97.00 <input type="checkbox"/>
♦Certificate	\$ 187.00 <input type="checkbox"/>	\$209.00 <input type="checkbox"/>	\$ 230.00 <input type="checkbox"/>

- ♦Normal (Voting) Members include Observers.
- ♦Certificate Members hold any ABF flight certificate.

Additional Fees:-

FAI Sporting Licence \$13.00 Place of Birth

NOTE: Membership fee includes subscription to "Aeronotes". All fees except Overseas include GST at the rate of 10%

AGREEMENT – All Members are to read and sign this declaration.

I agree to abide by the Articles of association of the Australian Ballooning Federation and declare that, in relation to the issue of any Certificates and or Endorsements I have no known medical condition which would inhibit my ability to fly balloons

Signed Dated:

OFFICE USE ONLY			
Membership Card Issued	<input type="text"/>	Database / Membership Record	<input type="text"/>
Membership No & Type	<input type="text"/>	Receipt Number	<input type="text"/>

PAYMENT DETAILS

Payment may be by cheque, money order, credit card or direct transfer. Payment to be made to – AUSTRALIAN BALLOONING FEDERATION INC. Account Details for direct payment - BSB 062 905 Account No.0013 5152. (Please ensure that direct payments are clearly identified with Member's name & Membership No.)

AUSTRALIAN BALLOONING FEDERATION INC.

CREDIT CARD PAYMENT - Bankcard - Mastercard - VISA (Tick applicable box)

NAME Of CARD HOLDER -

CARD NUMBER Expiry Date

AMOUNT AUTHORISED \$ SIGNATURE OF CARD HOLDER

OPTIONAL EASY PAY SERVICE

Please debit my credit card with the annual ABF membership fee once each year until further notice - YES / NO

I hereby authorise the ABF to debit my Card Account annually with the amount specified above and in the event of any change in the charge for this service to alter the amount from the appropriate date in accordance with such change.

This authority shall stand in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the ABF in writing of its cancellation

STATISTICS

These figures are consolidated and used in our annual returns to the FAI and CASA.

No Individual statistics will be released without prior personal approval. (PIC hours should not include hours flown U/I)

HOURS – PLEASE INCLUDE A COPY OF THE LAST PAGE OF YOUR LOG BOOK SHOWING TOTAL HOURS AND LAST FLIGHT

	* * * TOTAL HOURS * * *			* * HOURS – LAST 12 MONTHS * *		
	Hot Air Balloon	Hot Air Airship	Gas Balloon	Hot Air Balloon	Hot Air Airship	Gas Balloon
Pilot in Command						
Under Instruction						

OTHER CERTIFICATES

WHAT RATINGS DO YOU CURRENTLY HOLD? (To be included in the next ABF Directory)

ABF Instructor Examiner Pilot Achievement

Night Radio Operator Observer

CASA CPL Class Other CASA Balloon Related Ratings

INSTRUCTORS

Hours of Private (ABF) Instructing – Last 12 Months Date of Last Check Flight

Hours of Private (ABF) Examining – Last 12 Months

Hours of Commercial Licence (CASA) Instructing – Last 12 Months

MAINTENANCE AUTHORITY HOLDERS

MAH No Is your Maintenance Authority Current? Yes / No Expiry/Renewal Date

BALLOON REGISTRY

- Please complete for any balloon you own or operate with a current airworthiness certificate.
- If you are the sole registered owner mark 'SELF' beside the 'Registered Owner'.
- If you operate a balloon for the Registered Owner indicate this in 'Comments', as 'OPERATOR'.
- Please attach a colour photo of each balloon if available

BALLOON 1 Reg. No:

Balloon Name

Make & Model

Size

Year Made Date 1st Reg / /

% Use for commercial ops last 12months %

Registered Owner/s

Comments

Colour & Pattern

BALLOON 2 Reg. No.

Balloon Name

Make & Model

Size

Year Made Date 1st Reg / /

% Use for commercial ops last 12 months %

Registered Owner/s

Comments

Colour and Pattern

BALLOON 3 Reg. No:

Balloon Name

Make & Model

Size

Year Made Date 1st Reg / /

% Use for commercial ops last 12months %

Registered Owner/s

Comments

Colour & Pattern

BALLOON 4 Reg. No.

Balloon Name

Make & Model

Size

Year Made Date 1st Reg / /

% Use for commercial ops last 12 months %

Registered Owner/s

Comments

Colour and Pattern