



AUSTRALIAN BALLOONING FEDERATION INC.

P O Box 402, Emerald, Vic. 3782

ABN 62 059 408 970 ACT Reg No. A3071

Fax: (03) 5968 6599 Phone: (03) 5968 6533

Email: AusBallooningFed@bigpond.com

APPLICATION FORM MEMBERSHIP & STUDENT PILOT CERTIFICATE TAX INVOICE

NAME _____
Surname First Name Init. Preferred Name

ADDRESS _____
City State Postcode Country

Occupation _____

PHONE (h) _____ (Mob.) _____ (w) _____ (fax) _____

E-MAIL ADDRESS _____ DATE OF BIRTH / /

MEMBERSHIP ONLY - Note all prices include 10% GST except Overseas memberships)

Normal Membership - **\$76.50*** (Overseas resident **\$98.50** – includes extra for postage)

Certificate Membership (Holder of an ABF issued Certificate SPC, PPC etc) **\$187.00[#]**

Associate Membership - Non Voting (inc NZ) - **\$51.00**

Overseas membership (Holder of Australian Certificate) - **\$186.00** Associate Membership (OVERSEAS) - **\$75**

Nominated by _____ Mem. No. _____

Seconded by _____ Mem. No. _____

NOTE: Membership period is 1 Jan to 31 Dec. **First time** members joining after 30 April may pay **\$6.40*/\$15.60[#]** per month pro rata to 31 Dec. First time members must be proposed and seconded by financial members of the ABF.

STUDENT PILOT CERTIFICATE - See Note below - Note all prices include 10% GST

⊙ STUDENT PILOT CERTIFICATE (Incl. Ops Manual & Training Record) - **\$82.00**

NOTE: Applicants for Student Pilot Certificate must be a financial ABF Certificate Member or apply for Certificate Membership. If already a Normal Member you will need to upgrade to a Certificate Membership. See Section 3.2.1 ABF Operations Manual.

PLEASE SIGN DECLARATION BELOW AND APPENDIX 6/7 OVERLEAF.

DECLARATION (This section must be signed by all new members) 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.

Signature _____ Date / /201

OFFICE USE ONLY MEM. NO. _____ ENTERED _____ Date / /201 RECEIPT No. _____

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.) CREDIT CARD PAYMENT - Mastercard / VISA

NAME OF CARD HOLDER _____

CARD NUMBER _____ / _____ / _____ / _____

CARD EXPIRY DATE ____ / ____

AMOUNT AUTHORISED \$ _____

SIGNATURE OF CARD HOLDER _____

APPENDIX 6

DECLARATION OF PHYSICAL FITNESS

(To be completed by all applicants for/or holders of Balloon Pilot Certificates)

NOTE: Members who are unable to make this declaration may obtain a medical clearance in the form at Appendix 7.

I..... hereby declare,

** (a) I am the holder of a Student Pilot or higher category flight crew licence with a current CASA Medical Certificate. The Licence No. is, or

** (b) I have never suffered the following:-
Epilepsy, Fits, Severe Head Injury, Recurring Fainting, Giddiness, Blackouts, Abnormally High Blood Pressure or previous 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.

Applicant/holders signature Date / /201

Signature of parent or guardian (for Persons under 18 years of age)

NOTES: 1. Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make you temporarily unfit.

2. If you wear prescription lenses you should carry a spare pair easily accessible in flight.

APPENDIX 7

MEDICAL PRACTITIONERS CERTIFICATE OF FITNESS

This certificate must be signed by a doctor in the event that you cannot make the declaration at Appendix 6.

I am the applicants GP/a CASA Designated Medical Examiner. **

I certify that I have examined the applicant (name) and that to the best of my knowledge he/she is not suffering from any medical condition which would preclude him/her from:

** (a) Flying in a balloon with another pilot,

** (b) Flying solo in a balloon,

** (c) Carrying passengers in a balloon.

** Delete as appropriate.

Initial certificate/renewal.**

Remarks:

Doctor's name:

(please print) Signature Date/...../201.....

NOTES: 1. A list of medical conditions for which a medical clearance is require appears at Appendix 6.

2. The medical standards for CASA Medical Certificates are published in Civil Aviation Regulations, Schedule 1.