



# 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) **\$153.00<sup>#</sup>**
- 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\*/\$12.75<sup>#</sup>** 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 111.2.1 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 / /200

**OFFICE USE ONLY** MEM. NO. \_\_\_\_\_ ENTERED \_\_\_\_\_ Date / /200 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 / /200

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 ...../...../200.....

- 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.