

PERSONAL DETAILS

Surname	Given names	
Preferred name	Title	Date of birth
Phone (H)	Phone (M)	Phone (B)
Residential address		
Suburb	State	Postcode
Postal address (if different)		
Suburb	State	Postcode
Email	Occupation	
Emergency contact name	Number	

APPLICANT'S DECLARATION AND SIGNATURE

I hereby apply to join Recreational Aviation Australia and to be issued with a membership. I agree to abide by the Constitution of the Company (RAAus Ltd).

I certify I am able to understand and carry out instructions given in the English language and my health standard is equivalent to that required for the issue of a private motor vehicle driver licence in Australia.

I understand if I have any of the following conditions: Epilepsy, Diabetes, Heart condition/disease or paralysis, Mental illness (medicated or otherwise) or any other medically significant safety related condition, I must not exercise the privileges of a pilot certificate or act as pilot in command until I have provided to RAAus a statement from my doctor (GP) confirming I meet the health standard equivalent to that required for the issue of a private motor vehicle driver licence in Australia.

I understand the prerequisites of becoming an RAAus flying member and I understand the risk involved in undertaking recreational flying training (refer to the RAAus Flight Operations Manual Section 3.02).

I certify that subject to the rules of RAAus there is no impediment to me holding any certificate if issued by RAAus. This application is made on the basis that there is no limitation, existing or threatened from any authority (Australian or overseas) in relation to any right I have to operate an aircraft. Should that occur I accept that any licence, certificate or authority granted to me by RAAus shall automatically be equally limited until the action noted above is resolved.

I acknowledge that membership fees are non-refundable.

Applicant's Declaration and Signature _____ Date _____

UNDER 18 YEARS - PARENT / GUARDIAN DECLARATION

I, _____ (the parent or legal guardian of the applicant named above) declare that I am aware of and understand the risks involved in recreational flying training. I give consent for the above applicant to undertake such training. I am aware RAAus has a policy in place for working with children and vulnerable people. This policy is available on request.

Parent / Guardian Signature _____ Date _____

Payment Details and Tax Invoice

<input checked="" type="checkbox"/> 1 YEAR - \$199	\$
ADMIN FEE (one off) *save \$10 by submitting application online:	\$11.50*
JOINING FEE (one off):	\$30.00
TOTAL AUTHORISED PAYMENT AMOUNT:	\$

Payment method:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque/Money Order (payable to Recreational Aviation Australia Ltd)
Card number:	Expiry date:		CCV:
Cardholder's name:	Signature:		

A copy of this form must be lodged with the Chief Flying Instructor of your chosen Flight Training School prior to commencing flight training.