



# The Gliding Federation of Australia

A.B.N. 99 008 560 263 A.C.N. 008 560 263

130 Wirraway Road, Essendon Airport, Melbourne 3041

Phone: (03) 9379 7411 - Fax: (03) 9379 5519

## Introductory Membership Application

### Applicant details - please PRINT clearly

Mr/Mrs/Ms:..... Surname:..... Other Names:.....

Address:..... Suburb:..... Post Code:.....

Home phone:..... Work phone:..... Date of Birth: ...../...../..... Gender: *Male/Female*

### WARNING

Gliding, as with any flying activity, can be DANGEROUS. Any person participating in the sport of gliding or learning to glide, or participating in the activities of The Gliding Federation of Australia (GFA), does so entirely at their own risk. It is a condition of admission to Membership of the GFA that the GFA, its office bearers, committee persons, members, servants or agents are absolved from all liability however arising for injury or damage however caused (and whether fatal or otherwise) arising out of membership of the GFA or participating in gliding, learning to glide, flying in any aircraft being used for or in connection with gliding or in any way caused by or arising out of any activity carried on by the GFA whether or not such death, injury or damage is in any manner due to any negligent act or omission, breach of duty or default on the part of the GFA, its office bearers, committee persons, members, servants or agents. Any person participating in the sport of gliding, learning to glide, flying in any aircraft being used for or in connection with gliding or in any activity carried on by the GFA is only permitted to do so on the clear understanding that this occurs entirely at their own risk.

I have read (or had read to me) and understood the warning above. I hereby apply for Introductory Membership of The Gliding Federation of Australia (the Federation). In so doing, I agree to be bound by the Memorandum and Articles of Association of the Federation as amended from time to time and I also agree to observe and be bound by any Rules, Regulations and By-laws which may be passed or made pursuant to the aforesaid Articles of Association.

I declare that I have no disability or illness and I am not taking any medication which may make me unfit ❶ to fly.

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.

I further declare that I am over 18 years of age OR I am the Parent/Guardian of the applicant who has my permission to undertake gliding flights.

Signature ❷:..... Date:...../...../.....

Print Full Name if Parent/Guardian:.....

❶ See overleaf for important medical information.

❷ If applicant is under 18 years of age Parent/Guardian must sign on behalf of the applicant.

**Witness:** I have witnessed the signature above and I am satisfied that the applicant understands the warning above.

Print Full Name:..... Signature:..... Date:...../...../.....

### To be completed by the Gliding Club

Gliding Club:..... Tick if student

Date Membership activated: ...../...../.....

Received by:.....

### Receipt Details:

GFA \$

GST included

Total \$



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Address: ..... Suburb: ..... Post Code: .....  
Home phone: ..... Work phone: ..... Date of Birth: ..... Gender: Male/Female

MEDICAL INFORMATION

Some medical conditions may affect the safety of a gliding flight and could cause participants serious injury or death. Medical clearance from a qualified medical practitioner should be obtained before undertaking a glider flight if there is any doubt about the fitness of a participant. Medical conditions that require a clearance include:- epilepsy, fits, severe head injury, recurrent fainting, giddiness, black-outs, abnormally high blood pressure, previous heart disease or the taking of insulin for the control of diabetes. Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make one temporarily unfit to fly.

Alcohol and flying don't mix. Please do not ask to fly if you have consumed alcohol that day.

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Signature: ..... Date: .....  
Print Full Name of Parent/Guardian: .....  
See overleaf for important medical information.  
If applicant is under 18 years of age Parent/Guardian must sign on behalf of the applicant.

Witness: I have witnessed the signature above and I am satisfied that the applicant understands the warning above.

Print Full Name: ..... Signature: ..... Date: .....

To be completed by the Gliding Club  
Date of completion: .....  
Checked by: .....  
Tested:  Yes  No