

Recreational Aviation Australia Inc

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RECREATIONAL AVIATION AUSTRALIA INC

APPLICATION FOR TEMPORARY MEMBERSHIP

PERSONAL DETAILS (Please Print)

Last Name							
Given Names							
Title	Mr/Mrs/Ms/Miss/Other			Date of Birth			
Membership Number				Valid Until			
Residential Address							
City/Suburb				State		Post code	
Postal Address (if different)							
City/Suburb				State		Post code	
Phone – Home			Work		Fax		
Mobile			Email				
Occupation							

APPLICATION

TAX INVOICE

I apply for the issue of a Pilot Certificate.

I certify that my health standard is equivalent to that required for the issue of a private motor vehicle driver's licence in Australia, and I am able to understand and carry out instructions given in the English language. I have a current CASA Class 2 Medical Certificate (copy attached) whichever is applicable, and I am able to understand and carry out instructions given in the English language. Enclosed is the Schedule Fee.

Signature

Date

Cheque Money Order Visa Mastercard

Card No	
Authorising Signature	
Cardholder's Name	
Training Facility (if Known)	

Expiry Date	
Fee	\$45.46
GST	4.54
Total Fee	\$50.00

OFFICE USE ONLY

Receipt No.

Date

Amount Paid

Member No.

Entered

PAGE TWO MUST BE COMPLETED BY BOTH APPLICANT AND EXAMINER

APPLICATION – TEMPORARY MEMBERSHIP

TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____ Membership No.: _____

Other Aviation Experience (If experience exemption is required, copies of qualifications must be provided)				
	3 Axis	Weight Shift	Powered Parachute	Length of Time
Pilot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
CFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

TO BE COMPLETED BY THE APPROPRIATE EXAMINER (REFER RA-Aus OPERATIONS MANUAL)

Aircraft Group						
A	Three Axis Aircraft	<input type="checkbox"/>	C	Combined Control	<input type="checkbox"/>	
B	Weight Shift	<input type="checkbox"/>	F	Foot Launched only	<input type="checkbox"/>	
D	Powered Parachute	<input type="checkbox"/>	Low Performance	<input type="checkbox"/>	High Performance	<input type="checkbox"/>

Aeronautical Experience (Hours)				
Total in Command	Total Dual	Total RA-Aus Instructional	Total Recreational Aircraft	Total all Aircraft
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Certification

I certify that I have tested this applicant and believe that having been trained on:

Nose Wheel Aircraft Tail Wheel Aircraft

That they are at a Standard required for the issue of:

Pilot Certificate With other Endorsements (must be lodged separately on the Endorsement Recognition Form)

In accordance with the requirements of the RA-Aus Operations Manual, I also certify that they have been trained in accordance with the relevant Civil Aviation Orders, Civil Aviation Regulations, any relevant legislation and the RA-Aus syllabus of training as specified in the RA-Aus Operations Manual. I have examined the Log Book of the applicant and certify that the above hours are recorded in the Log Book and are accepted as a fair record of the aeronautical experience of the applicant.

Examiner Name <input style="width: 90%;" type="text"/>	Examiner Member Number <input style="width: 90%;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>

Name Flight Training Facility <input style="width: 90%;" type="text"/>
Contact Phone Number <input style="width: 90%;" type="text"/>