

# Reactivation Flying and Junior Membership (MEM007)

## PERSONAL DETAILS

Surname	Given names	
Preferred name	Title	Date of birth
Previous Membership Number	Membership Expiry	
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

- ☐ 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.
- Note: Are you 75 or over OR do you 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?
- ☐ If **Yes** I understand that I must not exercise the privileges of a pilot certificate or act as pilot in command of a RAAus aircraft until I have forwarded 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. If **No**, no further action is required.
- ☐ I have sought advice from an RAAus examiner (Senior Instructor, Chief Flying Instructor, or higher approval holder) about 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).
- ☐ 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Details and Tax Invoice

Flying Membership	<input type="checkbox"/> 1 YEAR - \$275	<input type="checkbox"/> 2 YEARS - \$540	<input type="checkbox"/> 3 YEARS - \$810	\$
Junior Flying Membership	<input type="checkbox"/> 1 YEAR - \$189			\$
REACTIVATION FEE:				\$25.00
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:		