

Flying Membership (MEM001)

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

- ☐ 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 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.
- ☐ Do you hold a CASA issued flight crew licence or equivalent from another organisation? Yes ☐ No ☐

Applicant's Signature _____ Date _____

Nominated Flight Training School or CFI Name _____

Payment Details and Tax Invoice

<input type="checkbox"/> 1 YEAR - \$275	<input type="checkbox"/> 2 YEARS - \$540	<input type="checkbox"/> 3 YEARS - \$810	\$
ADMIN FEE (one off) *save \$10 by submitting application online:			\$11.50*
JOINING FEE (one off):			\$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:		