

PERSONAL DETAILS:

Membership Number		Date of birth	
Last name			
Given names			
Residential address			
Suburb		State	Postcode
Postal address (if different)			
Suburb		State	Postcode
Phone (M)		(H)	
Email			
Occupation			
Emergency contact name/phone number			

APPLICATION AND DECLARATION:

TAX INVOICE

I, _____, Member Number _____ agree that this issue or upgrade has been carried out in accordance with the requirements of the RAAus Operations Manual.

I apply for the upgrade to

Instructor (\$20) Senior Instructor (\$30)
 Change of CFI (\$220) Deputy CFI Approval (\$220)
 CFI Issue (incorporated in FTS establishment fee)

I have a current CASA Class 2 Medical Certificate or RAAus equivalent (copy attached) and I am able to understand and carry out instructions given in the English language.

Signature	Date
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Note: If conducted by RAAus Flight Operations personnel, a total fee of \$440 will apply.

PAYMENT METHOD: Visa MasterCard Cheque/Money Order
(made payable to Recreational Aviation Australia)

Card number:	
Cardholder's name:	
Expiry: /	CCV:
Signature:	Date:
Authorised payment amount: \$	

Revised August 2019

