



AUSTRALIAN BALLOONING FEDERATION INC.

P O Box 402, Emerald, Vic. 3782

ABN 62 059 408 970 ACT Reg No. A3071

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Email: AusBallooningFed@bigpond.com

APPLICATION FORM TEMPORARY MEMBERSHIP & PILOT CERTIFICATE

TAX INVOICE

| | | | | |
|----------------|---------|------------|----------|-------------------|
| NAME | _____ | _____ | _____ | _____ |
| | Surname | First Name | Init. | Preferred Name |
| ADDRESS | _____ | | | |
| | City | State | Postcode | Country |
| Occupation | _____ | | | |
| PHONE (h) | _____ | (Mob.) | _____ | (w) _____ |
| | | | | (fax) _____ |
| E-MAIL ADDRESS | _____ | | | DATE OF BIRTH / / |

TEMPORARY MEMBERSHIP ONLY - Note all prices include 10% GST

Temporary Membership - \$25.20 Temporary Private Pilot Certificate - \$25.20

Nominated by _____ Mem. No. _____

Seconded by _____ Mem. No. _____

NOTE: Temporary membership is designed to allow overseas pilots visiting Australia to pilot a balloon during the course of their stay. The temporary membership and Pilot Certificate are valid for a period of one month. An extension may be granted on application and may be subject to additional fees. **All applications must be accompanied by a copy of the last page of the Pilot's Log Book showing date of last flight and total hours flown and copies of relevant overseas qualifications held by the applicant**

PLEASE SIGN DECLARATION BELOW AND APPENDIX 6/7 OVERLEAF.

DECLARATION (This section must be signed by all new members) I agree to abide by the Articles of Association of the Australian Ballooning Federation and declare that, in relation to the issue of any Certificates and/or Endorsements, I have no known medical condition which would inhibit my ability to fly balloons.

Signature _____ Date / /201

OFFICE USE ONLY

MEMBERSHIP NO. _____ CERTIFICATE _____

ADMINISTRATOR _____ / / OPS. MANAGER _____ / /

PAYMENT DETAILS

Payment may be by cheque, money order, credit card or direct transfer. Payment to be made to –
**AUSTRALIAN BALLOONING FEDERATION INC. Account Details for direct payment - BSB 062 905
Account No.0013 5152.** (Please ensure that direct payments are clearly identified with Member's name & Membership No.) CREDIT CARD PAYMENT - Mastercard / VISA

NAME OF CARD HOLDER _____

CARD NUMBER _____ / _____ / _____ / _____

CARD EXPIRY DATE _____ / _____

AMOUNT AUTHORISED \$ _____

SIGNATURE OF CARD HOLDER.....

APPENDIX 6

DECLARATION OF PHYSICAL FITNESS

(To be completed by all applicants for/or holders of Balloon Pilot Certificates)

NOTE: Members who are unable to make this declaration may obtain a medical clearance in the form at Appendix 7.

I..... hereby declare,

** (a) I am the holder of a Student Pilot or higher category flight crew licence with a current CASA Medical Certificate. The Licence No. is, or

** (b) I have never suffered the following:-
Epilepsy, Fits, Severe Head Injury, Recurring Fainting, Giddiness, Blackouts, Abnormally High Blood Pressure or previous Heart Disease, I am not taking Insulin for the control of Diabetes and,

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.

** Delete as appropriate.

Applicant/holders signature Date / /201

Signature of parent or guardian (for Persons under 18 years of age)

- NOTES:**
1. Minor illnesses, the donation of blood, some medications and certain prescribed drugs may make you temporarily unfit.
 2. If you wear prescription lenses you should carry a spare pair easily accessible in flight.

APPENDIX 7

MEDICAL PRACTITIONERS CERTIFICATE OF FITNESS

This certificate must be signed by a doctor in the event that you cannot make the declaration at Appendix 6.

I am the applicants GP/a CASA Designated Medical Examiner. **

I certify that I have examined the applicant (name) and that to the best of my knowledge he/she is not suffering from any medical condition which would preclude him/her from:

** (a) Flying in a balloon with another pilot,

** (b) Flying solo in a balloon,

** (c) Carrying passengers in a balloon.

** Delete as appropriate.

Initial certificate/renewal.**

Remarks:

Doctor's name:
(please print) Signature Date/...../201.....

- NOTES:**
1. A list of medical conditions for which a medical clearance is require appears at Appendix 6.
 2. The medical standards for CASA Medical Certificates are published in Civil Aviation Regulations, Schedule 1.