

Applicant to complete all details in BLOCK letters.

PART A: MEMBERSHIP APPLICATION

Part A of the Membership Application ONLY TO BE COMPLETED FOR:

- Full Membership
- Full Membership Renewal

1. APPLICATION DETAILS

Given Names *: _____ Surname *: _____

Email Address *: _____ SAFA No. (if held) _____

ARN (if the holder of an Aviation Reference Number) _____

RAAus No. (if a current or previous member of Recreational Aviation Australia) _____

Date of Birth *: ____/____/____

Business Hrs Phone: _____ Mobile Phone *: _____

Gender *: _____ Nationality *: _____

Residential Address *: _____ Suburb *: _____

State *: _____ Country *: _____ Postcode *: _____

Complete Postal Address if this is your preferred mailing address:

Postal Address: _____ Suburb: _____

State: _____ Country: _____ Postcode: _____

Next of Kin Name *: _____ Next of Kin Relationship *: _____

Next of Kin Contact Phone No. *: _____ Next of Kin email *: _____

2. MEMBERSHIP CONDITIONS

- (a) Membership entitles the holder to rights and benefits as provided in the constitution and policy on membership types.
- (b) Membership is not a flight authorisation. *Relevant aircraft* must only be operated in accordance with Civil Aviation Safety Regulations (CASR), and SAFA Operations Manuals. The membership holder must satisfy requirements for issue and holding of flight authorisations as stated in the Sports Aviation Federation of Australia (SAFA) Operations Manual.
- (c) Members must comply with the manuals, rules, policies, regulation, and related documents of the SAFA, and associated Civil Aviation Safety Regulations.
- (d) Membership to the SAFA provides 3rd Party Loss and Damages Liability Insurance with a claims excess which may be payable by the membership holder for any claim on the insurance for property loss or damage resulting from the membership holder actions.
- (e) Membership and associated insurance is subject to signing the SAFA Release, Assumption of Risk and Warning Forms ("The Waiver") and agreeing to abide by the SAFA constitution, rules, and regulations.
- (f) On cessation, termination or expiry of SAFA membership, all authorisations, including certificates, appointments, qualifications, ratings or other authorities, are invalidated.

3. The WAIVER

Informed Participation

Informed participation means that before you take part or pay for an activity, you should be fully aware of the potential risks and consequences. Participating in sport aviation carries a higher level of risk than flying as an airline passenger. It is important that you consider the consequences of the activity, which may include death or permanent disability.

Before you take part in a sport aviation activity, you must accept the risks.

Please read & agree to "The Waiver" for all Australian states and Territories.

* Tick all boxes below

- ACT I have read & agree to, "The Waiver"
- NSW I have read & agree to, "The Waiver"
- NT I have read & agree to, "The Waiver"
- QLD I have read & agree to, "The Waiver"
- SA I have read & agree to, "The Waiver"
- TAS I have read & agree to, "The Waiver"
- VIC I have read & agree to, "The Waiver"
- WA I have read & agree to, "The Waiver"

4. DECLARATION OF CANCELLATION, VARIATION OR SUSPENSION

* Tick Yes or No to all boxes below

- (a) Have you had any Aviation Authorisation cancelled, varied, or suspended (other than at your request) under any existing, previous, or assumed names, issued by the Sports Aviation Federation of Australia, another Sport aviation body, Civil Aviation Safety Authority (CASA), or the national aviation authority of a foreign country: that is the same in substance as the authorisation being applied for? Yes No
- (b) Do you have any record of non-compliance with regulatory requirements in Australia or a foreign country relating to transport safety (including Aviation)? Yes No
- (c) Do you have any authorisation, same in substance, issued by CASA, another sport aviation body, or national aviation authority of a foreign country, on which an exclusion period is in force under an order under section 30A of the Civil Aviation Act? Yes No
- (d) Do you have an authorisation, same in substance, issued by SAFA, CASA, another sport aviation body, or national aviation authority of a foreign country, that is currently suspended, varied, or cancelled? Yes No
- (e) I acknowledge that CASR 149.415 requires the holder of an Aviation Authorisation to provide written notification to SAFA within 7 days of the cancellation, variation, or suspension (other than at the holder's request), of any authorisation, held with CASA, other sport aviation body, or national aviation authority of a foreign country. Yes No

If you have answered YES to questions 4(a), 4(b), 4(c) or 4(d), please state the full details*:

5. MEDICAL DECLARATION OF FITNESS

* Tick Yes or No to all boxes below

- (a) I certify that my health standard is equivalent to that required for the issue of Yes No a private motor vehicle licence in Australia.

If you answered NO, please state the full details*:

- (b) Are you over 75 or do you have any of the following conditions: Yes No

- Epilepsy
- Diabetes
- Heart condition/disease or paralysis
- Mental illness (medicated or otherwise)
- Any other medically significant safety related condition?

If you have answered YES to any question, please state the full details*:

6. FULL MEMBERSHIP RENEWAL: ANNUAL FLIGHT DECLARATION

Only to be completed for Full Membership Renewal

6.1 REVALIDATION OF AUTHORISATIONS

* Tick box below

I request revalidation of my authorisations (which expire when membership is not current).

6.2 HANG GLIDING, PARAGLIDING, POWERED PARAGLIDER (A/C <70kg)

* Tick box (a) or (b) below

(a) I confirm that in the last 12 months I have attained the minimum required 10 hours flight time. If not, I agree to undertake a check flight.

OR

(b) As an advanced HG or PG5, I understand it is recommended to undergo a check flight.

6.3 POWERED PARAGLIDER AND WEIGHT-SHIFT MICROLIGHT (A/C >70kg)

* Tick box below

I confirm that I have successfully completed a Biennial Flight Review (BFR), prior to renewal.

6.4 FLIGHT HOURS

* Please enter flight hours OR enter 0 if you have not flown any hours in that type:

HG Hours: _____

PG Hours: _____

WM Hours: _____

PHG Hours: _____

PPG Hours: _____

7. PART A: MEMBERSHIP APPLICATION DECLARATION AND SIGNATURE

Please sign below to confirm that you have read and understand the terms of this application.

I _____ the applicant,
[Print full name]

hereby apply for membership of the Sports Aviation Federation of Australia (SAFA) and to be issued with a membership.

* Tick all boxes below

- (a) I declare all statements in this application are true and correct.
- (b) I agree to be bound by the Constitution, and abide by the rules, and policy of the company.
[SAFA policies and other documents are available on the website in the member area.](#)
- (c) I have read, understand, and agree to abide with the **MEMBERSHIP CONDITIONS** above.
- (d) I acknowledge that I have read, understood, and accepted the Risk Warning and Acknowledgement that I am executing **"The Waiver"** documents by selecting the check boxes in this application above. I understand the risk involved in undertaking recreational flying or flying training.
- (e) I declare, to the best of my knowledge and belief, that the answers to all questions in **DECLARATION OF CANCELLATION, VARIATION, OR SUSPENSION** of this application above are true and correct.
- (f) I declare, to the best of my knowledge and belief, that the answers to all questions in the **MEDICAL DECLARATION OF FITNESS** of this application above, are correct and I have a standard of health equivalent to that required for the issue of a private motor vehicle driver license in Australia, in accordance with the SAFA Operations Manual.
- (g) I consent to SAFA using and disclosing my personal information with Commonwealth, state and territory government agencies, Approved Sports Aviation Organisations, and other National Aviation Authorities.

Applicant *: _____
[Applicant's Full Name]

* _____
[Applicant's Signature]

Date *: ____/____/____

7. PART A: MEMBERSHIP APPLICATION DECLARATION AND SIGNATURE - Continued

In the case of a participant under the age of 18:

- In consideration for permitting the participant to engage in the Activity, I warrant that I have full and complete authority to execute this as a binding and enforceable document and I release and indemnify the owner or occupier (of any type of property, including real property), the SAFA, the operator and any supplier of services and their directors, employees, agents, contractors, suppliers and insurers against any claim, liability, loss or damage arising out of the participation in the Activity;
- I am over the age of 18; and I have read and understood the Risk Warning and Obvious Risk Notice, which form part of this document, and have conveyed them to the participant.

Parent or Guardian *: _____
 [Parent or Guardian's Full Name]

* _____
 [Parent or Guardian's Signature]

Date *: ____/____/____

8. PAYMENT OPTIONS

Credit Cards accepted: Visa, MasterCard, Bankcard, postal orders also accepted. (No Cheques accepted).

Credit Card Details *

CARD NUMBER: _____

EXPIRY DATE: ____/____

CARDHOLDER'S NAME: _____

AMOUNT \$ _____

CARDHOLDER'S SIGNATURE: _____

DATE: ____/____/____

For credit card payments, this authorisation must be completed clearly and signed by the cardholder.

Note:

Membership application will not be processed if the applicant has not agreed to abide with the SAFA policies, constitution and "The Waivers", or the application has not been fully completed, signed, and dated.

When payment is completed, processed, and accepted by SAFA, your Membership will expire on 31 August.



Full Membership Application

MEM-02 V20240312

Office Use only

The amount for your Membership is: \$ _____

You also must pay the Regional Development Levy, this is: \$ _____

Your SAFA Membership plus RDL Levy is: \$ _____

Date email sent to applicant confirming application has been accepted: ____/____/____

PART B: APPLICATION FOR RECOGNITION OF AUTHORISATION

Part B of the Membership Application is **ONLY TO BE COMPLETED FOR:**

- Overseas Authorisations Conversion.
- Returning to Sport - Person seeking revalidation or re-issue of previously held SAFA/HGFA Pilot Certificates & qualifications.
- RAAus Pilot seeking recognition of RAAus qualifications.

9. Recognition of prior learning or authorisation

If an authorisation applicant has prior learnings, and/or authorisations from CASA, another sport aviation body (e.g., RAAus), or an authorisation issued by a national aviation authority of a foreign country, that is the '*same in substance*'; the applicant must provide evidence of prior learnings or authorisations, for an authorisation to be assessed by the Operations Manager. (E.g., holders of existing Radio Operators Certificate, RAAus cross country endorsements, PMI accreditation, foreign pilot certificates or licences, etc).

'Same in substance' - means "an authorisation that is substantially similar: e.g. (however named); an authority to pilot or operate an aircraft, or authority to conduct maintenance, or authority to instruct, or authority to conduct airworthiness inspections, etc."

10. Grounds for refusal of application

Failure to comply with the eligibility criteria for application for an authorisation to undertake an activity administered by SAFA, are grounds for refusal of the application for authorisation.

11. APPLICATION FOR OVERSEAS AUTHORISATION CONVERSION

Tick that you have attached the following Authorisations for review with this application:

* Tick all boxes below

- (a) I have attached a copy of foreign authorisation.
- (b) I have attached a copy of logbook records.
- (c) I agree to undertake any Australian legislative, knowledge tests or exams for the level of Pilot certificate requested, and undertake a proficiency check flight, flight review, or flight test.

* Tick box below if applicable

- (d) I have attached a copy of an IPPI or APPI card from the country of origin.

12. APPLICATION FOR RETURNING TO SPORT

In the case of a pilot returning to the sport after an absence and requesting re-validation or renewal of authorisations previously issued by SAFA:

* Tick all boxes below

- (a) I have attached evidence of previous authorisations.
- (b) I have attached a copy of logbook records.
- (c) I agree to undertake knowledge test and or exams, and or flight check, and or flight review and or Biennial Flight review, if requested by the Operations Manager or as required in accordance with the Qualifications Manual.

If you have not ticked box questions (a) and (b), please state full details why*:

13. APPLICATION FOR RECOGNITION OF RAAUS QUALIFICATIONS

* Tick all boxes below

- (a) I have attached evidence of authorisations held.
- (b) I have attached a copy of logbook records.
- (c) I agree to undertake knowledge test and or exams, and or flight check, and or flight review and or Biennial Flight review, if requested by the Operations Manager in accordance with the Qualifications Manual.

14. PART B: APPLICATION DECLARATION AND SIGNATURE

Please sign below to confirm that you have read and understand the terms of this application.

I _____ the applicant,
 [Print full name]

I DECLARE THAT this application form was completed by me, that the information provided in this application is true and correct and complete to the best of my knowledge and belief. By signing below, I certify:

* Tick box below

I certify that subject to the rules of SAFA that there is no impediment to me holding any authorisation if issued by SAFA. This application is made on the basis that there is no limitation, existing or threatened from any Authority, in relation to any authority I have to operate an aircraft in Australia. Should that occur I accept that any authority granted to me by SAFA shall automatically be equally limited, and that SAFA may suspend or cancel any authorisation granted.

Applicant *: _____
 [Applicant's Full Name]

* _____
 [Applicant's Signature]

Date *: ____/____/____

In the case of a participant under the age of 18:

- In consideration for permitting the participant to engage in the Activity, I warrant that I have full and complete authority to execute this as a binding and enforceable document and I release and indemnify the owner or occupier (of any type of property, including real property), the SAFA, the operator and any supplier of services and their directors, employees, agents, contractors, suppliers and insurers against any claim, liability, loss or damage arising out of the participation in the Activity;
- I am over the age of 18; and I have read and understood the Risk Warning and Obvious Risk Notice, which form part of this document, and have conveyed them to the participant.

Parent or Guardian *: _____
 [Parent or Guardian's Full Name]

* _____
 [Parent or Guardian's Signature]

Date *: ____/____/____