



AUSTRALIAN PARACHUTE FEDERATION

PO Box 1440, Springwood QLD 4127
P-(07) 3457 0100 ~ E-apf@apf.com.au ~ W-www.apf.com.au

CL1

GROUP MEMBER APPLICATION, RENEWAL and CHANGE FORM

New Application

Renewal Application

Change of Details

Application parts: A. Group Member details (membership/renewal) B. DZ Operations; C. Training Status (only for Training Organisations); D. Terms and Conditions; and E. Payment.

For Training Organisations: Use this form to nominate a TOM. CI and Senior Pilot details (if known) may be noted here; however, for CI application/approval, use form R6; and for Senior Pilot nomination, use form J3.

A. GROUP MEMBER DETAILS

Group Member Information			
Group Member's Trading Name		APF Code	

Contact Details				Tick if No Change		<input type="checkbox"/>
Website						
Group Member's Head Office						
Physical Address		State		Post Code		
Main Email						
Main Phone		Accounts Ph				
Accounts Email						
Postal Address <i>If different</i>						
Operations Centre				Tick box at right if same as above		<input type="checkbox"/>
Physical Address		State		Post Code		
Email		Phone				

Corporate Information				Tick if No Change		<input type="checkbox"/>	
Legal Entity of the Organisation							
Non-Incorporated Association	<input type="checkbox"/>	Incorporated Association	<input type="checkbox"/>	Company	<input type="checkbox"/>	Sole trader	<input type="checkbox"/>
ACN or Association #		ABN					
Legal Entity Name:							
Business Name		Is this business name registered with ASIC?					

B. DROP ZONE OPERATIONS

Drop Zones <i>Tick if No Change</i> <input type="checkbox"/>			Requires STO Inspection
<i>For DZs used no more than seven operational days in any one-month period and no more than three months in any one calendar year, see regulations for Parachuting Displays.</i>			
ID	Name	Coordinates	
1 Primary			
Class/Conditions			
2 Secondary			
Class/Conditions			
3 Other			
Class/Conditions			
4 Other			
Class/Conditions			
5 Other			
Class/Conditions			
6 Other			
Class/Conditions			
STO Approval: I have checked the above information and certify that the Drop Zones meet all APF requirements.			
Name	<input style="width: 90%;" type="text"/>	APF #	<input style="width: 10%;" type="text"/>
Signature	<input style="width: 90%;" type="text"/>	Date	<input style="width: 10%;" type="text"/>
Attachments <i>(where required)</i>			
Land Owner's Agreement <small><i>(for each/all DZs)</i></small>	<input type="checkbox"/>	Risk Management Plan <small><i>(where DZ within 6nm of another Operator)</i></small>	<input type="checkbox"/> Letter of Agreement <small><i>(where DZ within 6nm of another Operator)</i></small>

C. TRAINING STATUS *For Training Organisations Only*

NOTE: In addition to this form - for **Chief Instructor** application/appointment, use Form R6 and/or for **Senior Pilot** nomination, use for Form J3.

Aircraft Information <i>Tick if No Change</i> <input type="checkbox"/>			
Type	<input style="width: 80%;" type="text"/>		
Rego	VH- <input style="width: 20%;" type="text"/>	VH- <input style="width: 20%;" type="text"/>	VH- <input style="width: 20%;" type="text"/>
Senior Pilot <i>Tick if No Change</i> <input type="checkbox"/>			
Name	<input style="width: 80%;" type="text"/>	APF #	<input style="width: 20%;" type="text"/>
		JPA #	<input style="width: 20%;" type="text"/>
Chief Instructor <i>Tick if No Change</i> <input type="checkbox"/>			
Name	<input style="width: 90%;" type="text"/>		APF # <input style="width: 10%;" type="text"/>
Training to be offered:	Tandem <input type="checkbox"/>	AFF <input type="checkbox"/>	SFF SLD <input type="checkbox"/> SFF IAD <input type="checkbox"/> Other <input type="checkbox"/>
Written intention to appoint applicant as the CI <i>(attached)</i> <input type="checkbox"/>			
Training Operations Manual			
APF Standard	<input type="checkbox"/>	New modified TOM requested & attached	<input type="checkbox"/> Current modified TOM <input type="checkbox"/>

D. TERMS AND CONDITIONS*(Sign-off required for new, renewal and change of details)*

It is a condition of membership renewal for both Training and Non-Training organisations that the Group Member and nominated person agree to the following terms and conditions. It is also a condition of membership renewal or when significant changes occur for Training Organisations that the Chief Instructor also agrees to the following terms and conditions:

We, the undersigned, undertake that as a condition of the Group Member/organisation's membership of the Australian Parachute Federation Ltd, the Group Member/organisation will:

- Acknowledge and agree that the APF Constitution and APF Regulations comprise a contract between us and the APF and we will be bound by those documents.
- Submit to any disciplinary measures taken against us and will only appeal any disciplinary decision in the manner permitted under the APF Constitution and the APF Regulations.
- Pay on demand the prescribed or stated APF membership fees.
- Comply with the APF Constitution and APF Regulations, as amended from time to time.
- If a training organisation, maintain sufficient stocks of stand-by membership application cards (pink cards).
- Forward to the APF Office all completed membership and other member applications and money collected on behalf of the APF within seven days of the date of application, and ensure these applications are completed correctly with all required details and signatures.
- Where a first descent is not made on the preferred jump day, the incomplete membership registration is cancelled within 30 days of the preferred jump day.
- Ensure that the member organisation holds suitable public liability insurance for venues at which parachuting activities are conducted. Taking out and paying for such insurance is the responsibility of the member organisation.
- Complete and return Incident Notifications in accordance with APF Rules and Regulations;
- Allow audits of parachute operations and parachuting aircraft by APF officers; and
- Inform the APF promptly of changes to the organisation's contact details, corporate details or operations, using this CL1 Form.

We hereby declare that all APF requirements applicable to this application have been met, and that we agree to abide by the APF Constitution and APF Regulations.

Nominated Person *Signature required for all applications—This is the person that will receive all official APF communications intended for the Member Organisation*

Name			APF #	
Signature			Date	

Chief Instructor *Signature required for all Training Organisations, except change of Group Member and/or Corporate information only*

Name			APF #	
Signature			Date	

Senior Pilot *Signature required for Training Organisations only, except for change of Group Member and/or Corporate details only*

Name		JPA #		APF #	
Signature			Date		

E. MEMBERSHIP PAYMENT Life Member (Group Member renewal is free to Life Members)

Annual: Non-Training \$300		Training \$750		Life: Non-Training \$6,000		Training \$15,000	
Additional Audits \$250 each				Total Amount			

PAYMENT METHOD

MasterCard / VISA *The APF Office will contact you for/with payment details.*