



AUSTRALIAN PARACHUTE FEDERATION

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CL1

GROUP MEMBER (Club) 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	
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	
Physical Address		State		Post Code	
Email		Phone			

Corporate Information				Tick if No Change			
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?	<input type="checkbox"/>		

B. DROP ZONE OPERATIONS

Drop Zones			Tick if No Change	
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.				
ID	Name	Coordinates	Requires STO Inspection	
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			APF #	
Signature			Date	
Attachments (where required)				
Land Owner's Agreement <i>(for each/all DZs)</i>		Risk Management Plan <i>(where DZ within 6nm of another Operator)</i>		Letter of Agreement <i>(where DZ within 6nm of another Operator)</i>

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			Tick if No Change	
Type				
Rego	VH- <input type="text"/>	VH- <input type="text"/>	VH- <input type="text"/>	VH- <input type="text"/>
Senior Pilot			Tick if No Change	
Name			APF #	JPA #
Chief Instructor			Tick if No Change	
Name			APF #	
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		New modified TOM requested & attached		Current modified TOM

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 / E.F.T. Cheque / Money Order The APF Office will contact you for/with payment details.

Please adhere cheque securely to this application form and post to **APF PO Box 1440, Springwood QLD 4127**