



# AUSTRALIAN PARACHUTE FEDERATION

# CL1

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## 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		<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?	<input type="checkbox"/>		

## B. DROP ZONE OPERATIONS

<b>Drop Zones</b>			<i>Tick if No Change</i>	<input type="checkbox"/>
<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	<b>Requires STO Inspection</b>	
<b>1 Primary</b>				
Class/Conditions				
<b>2 Secondary</b>				
Class/Conditions				
<b>3 Other</b>				
Class/Conditions				
<b>4 Other</b>				
Class/Conditions				
<b>5 Other</b>				
Class/Conditions				
<b>6 Other</b>				
Class/Conditions				
<b>STO Approval:</b> I have checked the above information and certify that the Drop Zones meet all APF requirements.				
Name			APF #	
Signature			Date	
<b>Attachments</b> <i>(where required)</i>				
Land Owner's Agreement <i>(for each/all DZs)</i>	<input type="checkbox"/>	Risk Management Plan <i>(where DZ within 6nm of another Operator)</i>	<input type="checkbox"/>	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.*

<b>Aircraft Information</b>				<i>Tick if No Change</i>	<input type="checkbox"/>
Type					
Rego	VH- <input type="text"/>	VH- <input type="text"/>	VH- <input type="text"/>	VH- <input type="text"/>	
<b>Senior Pilot</b>				<i>Tick if No Change</i>	<input type="checkbox"/>
Name			APF #		JPA #
<b>Chief Instructor</b>				<i>Tick if No Change</i>	<input type="checkbox"/>
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"/>					
<b>Training Operations Manual</b>					
APF Standard	<input type="checkbox"/>	New modified TOM requested & attached	<input type="checkbox"/>	Current modified TOM	<input type="checkbox"/>

