



AUSTRALIAN PARACHUTE FEDERATION

PO Box 1440, Springwood QLD 4127
P-(07) 3457 0100 ~ F-(07) 3457 0150 ~ E-apf@apf.com.au ~ W-www.apf.com.au

CL1

CLUB APPLICATION, RENEWAL and CHANGE

New Application

Renewal Application

Change of Details

Application parts: A. Club details (membership/renewal); B. DZ Operations; C. Training Status (only for Training Organisations); D. Sign-off; 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. CLUB DETAILS

Club Information			
Club's Trading Name		APF Code	

Contact Details				No Change	<input type="checkbox"/>
Website					
Club's Head Office					
Physical Address		State		Post Code	
Main Email					
Main Phone		Fax		Accounts Ph	
Accounts Email					
Postal Address <i>If different</i>					
Operation Centre				Same as above for Head Office	<input type="checkbox"/>
Physical Address		State		Post Code	
Email				Phone	
Council Delegate <i>[Must be a full member AND affiliated with the Club]</i>					
Name				APF #	

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

B. DROP ZONE OPERATIONS

Drop Zones			No Change	<input type="checkbox"/>	Requires STO Inspection
<i>For DZs used no more than 7 operational days in any one-month period and no more than 3 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 type="text"/>			APF #	<input type="text"/>
Signature	<input type="text"/>			Date	<input type="text"/>
Attachments <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>	<input type="checkbox"/>

C. TRAINING STATUS *For Training Organisations Only*

NOTE: For **Chief Instructor** application/appointment, use Form R6. For **Senior Pilot** nomination, use for Form J3.

Aircraft Information			No Change	<input type="checkbox"/>
Type	<input type="text"/>			
Rego	VH- <input type="text"/>	VH- <input type="text"/>	VH- <input type="text"/>	VH- <input type="text"/>
Senior Pilot			No Change	<input type="checkbox"/>
Name	<input type="text"/>		APF #	<input type="text"/>
			JPA #	<input type="text"/>
Chief Instructor			No Change	<input type="checkbox"/>
Name	<input type="text"/>		APF #	<input 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. Statement *(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 Club and nominated person provide the following undertaking. It is also a condition of membership renewal or when significant changes occur for Training Organisations that the Chief Instructor also provides the following undertaking:

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

- Abide by the APF Constitution, Rules and 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 day, the incomplete membership registration is cancelled within 30 days of the preferred day.
- 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 Club's contact or corporate details, operations centre or delegate, using this CL1 Form.

We hereby declare that all APF requirements applicable to this application have been met, including if applicable, that the Chief Instructor is a fit and proper person, and that we agree to abide by all APF Rules and Regulations:

Nominated Person *Required for all applications*

Name	<input type="text"/>	APF #	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Legal Entity Representative *Required for new and renewal applications only*

Name	<input type="text"/>	Position Title	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Chief Instructor *Required for all Training Organisations, except change of Club and/or Corporate information only*

Name	<input type="text"/>	APF #	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Senior Pilot *Required for Training Organisations only, except for change of Club and/or Corporate details only*

Name	<input type="text"/>	JPA #	<input type="text"/>	APF #	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. Payment Information

Membership

Annual	<input type="checkbox"/>	Life	<input type="checkbox"/>
Non-Training \$250	<input type="checkbox"/>	Training \$650	<input type="checkbox"/>
Non-Training \$4,300	<input type="checkbox"/>	Training \$13,000	<input type="checkbox"/>
Additional Audits \$250 each	<input type="text"/>	Total Amount	<input type="text"/>

Payment Method

Master Card	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Bank Transfer	<input type="checkbox"/>
Card Details	Name of Card <input type="text"/>								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Exp	<input type="text"/>