



AUSTRALIAN PARACHUTE FEDERATION LTD



PO Box 1440, Springwood QLD 4127

P: (07) 3457 0100 ~ F: (07) 3457 0150 ~ E: apf@apf.com.au ~ W: www.apf.com.au

ABN: 75 061 266 510

STUDENT PRO-RATA MEMBERSHIP APPLICATION 2018/2019

Who can use this Form?

This Form is ONLY available for use by Students after their initial membership has expired (pink card or online)

This Form is NOT available for renewing Certified APF Members unless:

- If an A certificate has been achieved within the current membership year (01/07-30/06), the applicant may use this Form by selecting Option One (full membership) and paying through until the end of the current membership year at the appropriate rate, but is not entitled to select Option Two or Option Three (one month at a time).

This form is NOT available for visiting parachutists who hold qualifications/licenses outside of the APF System.

How to complete this form

- Read all the instructions before completing as applications incorrectly completed may cause delays in processing
- Use a **Black** or **Blue** Pen and print in CAPITAL LETTERS when completing text fields;

- Print within the Boxes provided, e.g.:

S	M	I	T	H
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Selection Boxes must be marked with an X, e.g.:

<input checked="" type="checkbox"/>

If you make a mistake, please fill in the box completely, e.g.:

S	M	I	T	H
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Step One: Section 1 - Contact Details

Contact details are made available to and may be provided to officials of the APF, its Councils and Clubs.

If you do not want any of this information made available, please omit it from this section. If you withhold this information, it may restrict our ability to communicate with you. **A minimum of one form of contact must be recorded.**

Privacy: The APF may make mailing lists available to other organisations (mostly skydiving related) for marketing purposes. You can choose to be excluded from these mailing lists.

Step Two: Section 2 - Personal Accident Insurance

This section offers the renewing member Personal Accident Insurance with an 'OPT IN, OPT OUT' option for an additional fee as detailed in the Fees table and MUST BE COMPLETED. The Product Disclosure Statement and Full Policy Document are available at all APF Training Organisations and on the APF website.

Step Three: Section 3 - Membership Selection *Monthly Membership does not include provision of an APF membership card*

Select a membership rate in the Fees Table from a choice of three (3) options:

1. Full membership until June 30 <ul style="list-style-type: none"> • WITH NO PERSONAL ACCIDENT INSURANCE • WITH PERSONAL ACCIDENT INSURANCE INCLUDED 	2. Monthly membership at pro-rata rate <ul style="list-style-type: none"> • WITH NO PERSONAL ACCIDENT INSURANCE • WITH PERSONAL ACCIDENT INSURANCE INCLUDED 	3. Early Bird Full year (if paid on or before 30 Jun 2018) <ul style="list-style-type: none"> • WITH NO PERSONAL ACCIDENT INSURANCE • WITH PERSONAL ACCIDENT INSURANCE
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Step Four: Section 4 - Payment Field

Tick your payment option choice and either complete the C/C field or attach a cheque or money order.

Important Note: If opting for Credit Card Payment, the club must process your payment and issue you with an official APF RECEIPT in order for you to immediately commence parachuting activities.

Step Five: Section 5 - Warning and Declaration

APF Membership is conditional upon the applicant reading and signing the unmodified Warning and Declaration statement.



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Section 1 Contact Details

Surname or Family Name

Given Names

Date of Birth

Gender

 Male Female

APF Membership Number (Renewing Members)

Mailing Address:

Unit / Apt No

Street No

Street Name

Suburb

Country (if outside Australia) (Please note – overseas addresses incur an additional fee as per payment section on reverse of this form)

State

Post Code / ZIP Code

Home Phone (include area code)

Mobile Phone

Work Phone (include area code)

Email

APF Club Affiliation

Privacy – Do you want to be excluded from mailing lists as per instructions on Page One?

YES

NO

Section 2 Personal Accident Insurance - either (a) or (b) must be completed, fees apply as per Section 3 overleaf

Personal Accident (PA) Insurance for the activity of Parachuting is available with this membership application and is considered a valuable member benefit. This Insurance is underwritten by Sportscover Australia Pty Ltd under an authority from Sportscover Syndicate 3334 at Lloyd's. The policy provides Capital Benefits of \$50,000 (or a percentage thereof, depending on specific injuries) for events such as: Death, Total and Permanent Disablement, Quadriplegia, Paraplegia, Loss of use of various limbs, organs and functions; Non-Medicare Benefits covering various expenses that are not covered by the Medicare Act 1983. The policy provides cover only for the activity of Parachuting and only during the period of your membership detailed on your Student Parachutist Licence issued by the APF. A Product Disclosure statement and full policy document is available at all APF Drop Zones, and on-line at www.apf.com.au or you can request a copy free of charge. The APF does not hold an Australian Financial Services Licence and you should obtain your own advice about your needs for this product from an appropriately qualified and licensed advisor. You can check your status of cover under this insurance by contacting APF on 07 3457 0100.

(a) YES, I the above named, do wish to purchase Personal Accident Insurance at an additional cost as detailed in Step Three

Applicants Signature:

OR

(b) NO, I the above named, choose to OPT-OUT of the Personal Accident Insurance program.

I the applicant described above do hereby declare that I have read and fully understand the benefits of the APF Personal Accident Insurance being offered herein and further declare that I choose to Opt-Out of this benefit. I do so with the full understanding that I may suffer financial and monetary loss if I die or receive serious injuries from an accident whilst Parachuting and that I now choose to decline any and all benefits provided by this Insurance. I further declare that I have made adequate provisions to protect myself and my dependant's financial well-being in the event of death or accident whilst parachuting

Applicants Signature:

Section 3 **Membership Choices – select from Options 1, 2 or 3**

Option 1: Full Membership <i>[Tick one box only, choosing from either column (A) OR (B) and transfer total]</i>		
Payment made in:	(A) NO PA Insurance	(B) WITH PA Insurance
July 2018	\$216 <input type="checkbox"/>	\$312 <input type="checkbox"/>
August 2018	\$198 <input type="checkbox"/>	\$286 <input type="checkbox"/>
September 2018	\$180 <input type="checkbox"/>	\$260 <input type="checkbox"/>
October 2018	\$162 <input type="checkbox"/>	\$234 <input type="checkbox"/>
November 2018	\$144 <input type="checkbox"/>	\$208 <input type="checkbox"/>
December 2018	\$126 <input type="checkbox"/>	\$182 <input type="checkbox"/>
January 2019	\$108 <input type="checkbox"/>	\$156 <input type="checkbox"/>
February 2019	\$90 <input type="checkbox"/>	\$130 <input type="checkbox"/>
March 2019	\$72 <input type="checkbox"/>	\$104 <input type="checkbox"/>
April 2019	\$54 <input type="checkbox"/>	\$78 <input type="checkbox"/>
May 2019	\$36 <input type="checkbox"/>	\$52 <input type="checkbox"/>
June 2019	\$18 <input type="checkbox"/>	\$26 <input type="checkbox"/>

Option 2: Monthly Membership
[Complete either Box (A) or Box (B) and transfer total]

(A) Monthly membership with NO PA Insurance
1 month renewal @ \$18.00 per month (can select max up to 3 months)
Renewal period from ____/____/____ to ____/____/____

(B) Monthly membership WITH PA Insurance
1 month renewal @ \$26.00 per month.
Renewal period from ____/____/____ to ____/____/____
For Example: If renewing on 20/8/18 and purchasing one month the expiry date would be 20/9/18

Option 3: Early Bird Membership *(if payed on or before 30 Jun 2018)*
[Complete either Box (A) or Box (B) and transfer total]

(A) Early Bird Full Year WITH NO PA Insurance @ \$180

(B) Early Bird Full Year WITH PA Insurance @ \$276

Note: If renewing at the Drop Zone please ensure you are issued an APF Receipt. **TOTAL AMT PAYABLE:** _____

Section 4 **Payment Details - Post, email or fax this form to the APF Office with your payment**

MasterCard Visa Cheque Money Order

_____|_____|_____|_____| _____|_____|_____|_____| _____|_____|_____|_____| _____|_____|_____|_____| Expiry date:

Name on Card: Amount approved:
Overseas Address (Additional fee of \$30 per annum applies if paid before 31 Dec 2018, after which time this fee will reduce to \$15.00)

Section 5 **Warning And Declaration - Your membership is conditional on you having read and signed this statement**

1.) PARACHUTING & FLYING IN PARACHUTING AIRCRAFT IS DANGEROUS. Serious accidents can and often do happen which may result in injury to person and/or property or being killed.

2.) Except where provided or required by law and as such cannot be excluded, the applicant agrees that it is a term of his/her membership of the Australian Parachute Federation Ltd (APF) that APF is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out his/her membership of APF.

3.) In consideration of APF accepting the applicant as a member the applicant:
(i) Releases and forever discharges APF from all Claims that s/he may have or may have had but for this release; and
(ii) Indemnifies, will keep indemnified and holds harmless APF to the extent permitted by law in respect of any Claim by any person including but not only another Member of APF.

In this Clause 3 "Claims" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising from or in connection with parachuting, training to parachute, flying in any aircraft being used for or in connection with parachuting or in any way caused by, or arising out of his/her APF membership (collectively "Parachuting activities").

4.) Parachuting activities are a "recreational activity" as defined under the *Competition and Consumer Act 2010*. Where the applicant is a consumer, as defined by any relevant law, then certain terms and rights may be implied into a contract for the supply of goods or services for the benefit of the applicant. These terms and rights, and any liability of APF flowing from them, are expressly excluded, restricted or modified by this declaration and the membership contract.

5.) The applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, absolves and indemnifies and will keep indemnified APF and all its servants, agents, employees and other persons under APF's control (the "Indemnified") from all liability howsoever arising for injury or damage (including but not limited to the applicant's person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the Indemnified, arising out of or participating in Parachuting activities.

6.) The applicant undertakes parachuting activities and flying in parachuting aircraft entirely at his/her own risk.

I, the applicant for membership of the Australian Parachute Federation Ltd, have read, or have had read to me, the above warning and having understood same, consent to the activity proposed. I agree to abide by the APF Constitution, Rules and Regulations.

Name: Signature: Date: