



HANG GLIDING FEDERATION OF AUSTRALIA

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STATE OR REGIONAL ASSOCIATION AFFILIATION APPLICATION / RENEWAL & ANNUAL REPORT

AFF-01_V20151217

NOTE: Please complete **all** details in **BLOCK** letters

Name of State or Regional Association: _____

Postal Address: (for all HGFA correspondence) _____
 _____ State: _____ P/code: _____

Principal Contact: (name) _____ Position: _____

HGFA #: _____ Daytime Phone: _____ Fax: _____ AH Phone: _____

Please provide Incorporation Registration No: _____

State/Territory of Incorporation: _____ Date of initial Incorporation: _____

Please Provide the Following Information:

President: _____ HGFA Number: _____ Day Phone: _____

Vice President: _____ HGFA Number: _____ Day Phone: _____

Secretary: _____ HGFA Number: _____ Day Phone: _____

Treasurer: _____ HGFA Number: _____ Day Phone: _____

State Safety Manager: _____ HGFA Number: _____ Day Phone: _____

Public Officer: _____ HGFA Number: _____ Day Phone: _____

Membership Details: Total Club Members [] Non-flying & non HGFA Members []

PLEASE ATTACH A COPY OF YOUR CURRENT MEMBERSHIP LIST

Number of Financial Members: Hang Gliding [] Paragliding [] Paramotoring [] Microlighting []

PLEASE READ AND SIGN DECLARATION BELOW

STATE OR REGIONAL ASSOCIATION AFFILIATION DECLARATION:

We, the undersigned, being the elected executive of the association wish to apply for affiliation with the Hang Gliding Federation of Australia. At the meeting of the association approving this application the members agreed to accept the responsibilities of affiliation as detailed in the HGFA document AFF-02 and the HGFA Management Procedures Manual.

Furthermore, we confirm that the association's objectives are consistent with those of the HGFA and the association agrees to assist in the development of the sport by undertaking appropriate projects and activities. The association agrees to accept and follow directions from the HGFA Management Committee as sent out by the HGFA President or via the Operations Manager from time to time.

A copy of the associations constitution and objectives are attached. (Not required if renewing.) No: [] Yes: []

A copy of the associations Fair Trading Annual Return and Annual Report is attached. No: [] Yes: []

The association wishes, through this affiliation, to become included as one of the HGFA Insured association and requests that the contact information, as provided, be listed in Skysailor Publication.

We hereby agree for and on behalf of the above named association to abide by the constitution, rules and regulations of the HGFA.

PLEASE NOTE: THE CONSTITUTION PROVIDES FOR A LIMITATION OF LIABILITY OF PERSONS SUCH AS OFFICERS, INSTRUCTORS, SAFETY OR DUTY OFFICERS AND COMPETITION ORGANISERS AND THEIR HELPERS TO AN AMOUNT WHICH CAN ACTUALLY BE RECOVERED UNDER THE HGFA INSURANCE POLICY. IF FOR ANY REASON NO AMOUNT IS RECOVERABLE, THE LIABILITY IS NIL.

MUST BE SIGNED TO GAIN / RENEW AFFILIATION.

PRESIDENT'S SIGNATURE: _____ **DATE:** _____

SECRETARY'S SIGNATURE: _____ **DATE:** _____

TREASURER'S SIGNATURE: _____ **DATE:** _____