



HANG GLIDING FEDERATION OF AUSTRALIA

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CLUB AFFILIATION APPLICATION / RENEWAL & ANNUAL REPORT

AFF-03_V20151217

NOTE: Please complete all details in BLOCK letters

Name of Club: _____

Postal Address: _____
 _____ 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: _____

State/Regional Association to which the Club seeks affiliation: _____

President: _____ HGFA Number: _____ Day Phone: _____

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

Secretary: _____ HGFA Number: _____ Day Phone: _____

Treasurer: _____ HGFA Number: _____ Day Phone: _____

SSO's: _____ HGFA Number: _____ Day Phone: _____
 _____ HGFA Number: _____ Day Phone: _____
 _____ 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

CLUB AFFILIATION DECLARATION:

We, the undersigned, being the elected executive of the club wish to apply for affiliation with the Hang Gliding Federation of Australia, through the (State/Regional Association) _____.

At the meeting of the club 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 club's objectives are consistent with those of the HGFA and the (State/Regional Association) _____ and the club agrees to assist in the development of the sport by undertaking appropriate club projects and activities. The Club 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 clubs constitution and objectives are attached. (Not required if renewing.) No: [] Yes: []

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

The club wishes, through this affiliation, to become included as one of the HGFA Insured clubs and requests that the contact information as provided be listed in Skysailor Publication. We hereby agree for and on behalf of the above named club to abide by the constitution, rules and regulations of the HGFA and the (State/Regional Association)

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:** _____