



HANG GLIDING FEDERATION OF AUSTRALIA

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CLUB & STATE/REGIONAL ASSOCIATION AFFILIATION RENEWAL / APPLICATION

AFF-01_V20190322

Complete all details as maybe applicable - in BLOCK letters

Name of Club or SRA:
Postal Address:
State: P/code: Email Address:
Principal Contact: (name) Position:
HGFA #: Daytime Phone: Mobile Phone:

President: HGFA Number: Day Phone:
V. President: HGFA Number: Day Phone:
Secretary: HGFA Number: Day Phone:
Treasurer: HGFA Number: Day Phone:
Please list your AIRS Managers and SSO's on page 2 of this document.

Tick as appropriate: Was the clubs Annual Report presented to the appropriate SRA at its last AGM. Yes: [] No: []
Was the SRA's Annual Report presented to the HGFA, prior to the HGFA's last AGM. Yes: [] No: []
If not, why not:

CLUB / SRA AFFILIATION DECLARATION: PLEASE READ AND SIGN DECLARATION

We, the undersigned, being the elected executive of the SRA or club named above, wish to renew or apply for affiliation with the Hang Gliding Federation of Australia. The club/SRA agreed to accept the responsibilities of affiliation as detailed in the HGFA document AFF-02 and the HGFA Management & Policies Manual. Furthermore, we confirm that the club's/SRA's objectives are consistent with those of the HGFA and agrees to assist in the development of HGFA aviation disciplines by undertaking appropriate projects and activities. The Club/SRA agrees to accept and follow reasonable directions from the HGFA Committee of Management, the HGFA Chief Operations Officer and (if applicable) the State or Regional Association to which it is also affiliated or to be affiliated. The club/SRA wishes, through this affiliation, to become included as one of the HGFA Insured and agrees to maintain the clubs/SRAs details within the HGFA on-line members area, which will be listed on the HGFA website and in other publications. We hereby agree for and on behalf of the above named club/SRA, to abide by the constitution, rules and regulations of the HGFA and (if applicable) the State/Regional Association identified below.

PRESIDENT'S SIGNATURE: DATE:
SECRETARY'S SIGNATURE: DATE:
TREASURER'S SIGNATURE: DATE:

CLUB to SRA AFFILIATION ACCEPTANCE:

HGFA State or Regional Association (SRA) to which the Club is or requests affiliation:
I, President of the State or Regional Association named above, confirm that the applying club named above, has been accepted and is affiliated with the: (SRA name)
Signed: Date: / /

NOTE: A Club must be affiliated with the appropriate SRA, before it's affiliation to the HGFA can be approved.

