



# HANG GLIDING FEDERATION OF AUSTRALIA

21/54 Commercial Place, Keilor East Vic 3033 - Ph (03) 9336 7155  
Website: [www.hgfa.asn.au](http://www.hgfa.asn.au) Email: [office@hgfa.asn.au](mailto:office@hgfa.asn.au) ABN:15 276 389 269

## CLUB TO SRA AFFILIATION APPLICATION

AFF-03\_V20190326

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: _____

<b>State or Regional Association through which the Club seeks affiliation:</b> _____
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: _____

<b>Membership Details:</b> Total Club Members [ ] Non-flying & non HGFA Members [ ]
<b>PLEASE ATTACH A COPY OF YOUR CURRENT MEMBERSHIP LIST</b>
<b>Number of Financial Members:</b> Hang Gliding [ ] Paragliding [ ] Paramotoring [ ] Microlighting [ ]

**PLEASE READ AND SIGN DECLARATION BELOW**

<b>CLUB AFFILIATION DECLARATION:</b>
We, the undersigned, being the elected executive of the club wish to apply for affiliation with the: (State/Regional Association name) _____ . At the meeting of the club approving this application, all members 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 objectives are consistent with those of the HGFA 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 Committee of Management, the HGFA Chief Operations Officer and the State or Regional Association named above.
A copy of the clubs constitution and objectives are attached. No: [ ] Yes: [ ]
A copy of the clubs 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 on the HGFA website and in other HGFA Publications. 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 through which we are affiliated.
<b>PRESIDENT'S SIGNATURE:</b> _____ <b>DATE:</b> _____
<b>SECRETARY'S SIGNATURE:</b> _____ <b>DATE:</b> _____
<b>TREASURER'S SIGNATURE:</b> _____ <b>DATE:</b> _____