

**DARLING DOWNS SPORT AIRCRAFT ASSOCIATION Inc./ LONE EAGLE FLYING SCHOOL**

Queensland Office of Fair Trading Registered No: 1A 00069 dated 18 March 1983

A.B.N. 47 865 769 573

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<http://www.loneagleflyingschool.org.au>

<https://www.facebook.com/LoneEagleFlyingSchool/>

**MEMBERSHIP APPLICATION FORM**

**SURNAME:**..... **DATE OF BIRTH:** ..... /..... / .....

**GIVEN NAMES:**.....**Partners Name:**..... (Optional)

**ADDRESS (Residential):** .....

.....Postcode: .....

**ADDRESS (Postal – if different):** .....

.....Postcode: .....

**Email:** .....

**Phone:** Home: ..... Bus: ..... Mob: .....

**TYPE OF MEMBERSHIP SOUGHT:** FULL  SOCIAL  ASSOCIATE  HONORARY

**OTHER MEMBERSHIP(S):** Please list other club(s) or organisation(s) that you are or have been a member of:

**AERONAUTICAL BACKGROUND/INTERESTS:**

**PRIVACY STATEMENT:**

I agree to my contact details being made available to other members of the DDSAA YES  NO

I agree to receiving newsletters and other communications from the DDSAA as part of general bulk mailings (both hardcopy and electronic) YES  NO

**LIABILITY INSURANCE:**

I acknowledge the Association holds Airfield/Hangar Keepers Liability Insurance YES  NO

I acknowledge the Association holds Management (Association) Liability Insurance and Volunteer Personal Accident Insurance through Unicorn Risk Services Pty. Ltd., Miller. NSW. 2168 YES  NO

**CONSENT/INDEMNITY : ( If applicant is under 18 years of age – a PARENT or GUARDIAN must also sign the application form and consent declaration below)**

I HEREBY CERTIFY that I fully and unconditionally agree to indemnify the Darling Downs Sport Aircraft Association Inc. trading as Lone Eagle Flying School, its officers, directors, shareholders, agents, servants or employees and suppliers of aircraft or the owners or lessees of land upon which the activities are ordinarily conducted over which and upon which flying instruction and flying training and associated activities are conducted, against all liability resulting from any injury or death that may be sustained by myself or my son/daughter/ward whilst participating in flying instruction, flying training or any associated activity.

I have read and understood the Declaration of Indemnity and assumption of risk agreement above and agree that both shall apply to any activity undertaken by myself or my son/daughter/ward with the Darling Downs Sport Aircraft Assn. Inc. and the Lone Eagle Flying School.

**Applicant’s and/or Guardian’s Signature :** .....**Date:**...../...../ **2022**

**Witness Signature:** .....**Witness Print Name:** .....

**Witness Address:**.....

**N.B. The witness must be a non-family member**

**Proposed By:** ..... **Seconded By:** .....

**Note 1:** Membership applications are presented to two consecutive General Meetings of the Association prior to consideration by the Management Committee. You will be advised of the outcome by the Management Committee.

**FOR CLUB USE ONLY**

Application Received: ..... /..... / ..... Application Fee Received : \$ .....

Presented to meetings on: 1<sup>st</sup> time: ..... /..... / ..... 2<sup>nd</sup> time:..... /..... /.....

Entered onto club lists: Club membership list:  Email list:  Minutes email list:  Newsletter email List:

DATE MEMBERSHIP DETERMINED: ..... /..... / ..... COMMITTEE DECISION : ACCEPT / REJECT

MEMBERSHIP ADVICE FORWARDED: ..... /..... / ..... BALANCE SUBSCRIPTION OWING: \$.....

BLUE CARD APPLICATION FORWARDED: ..... / ..... /.....

PRESIDENT: .....Dated: ..... /..... / ..... SECRETARY: .....Dated: ..... /..... /.....