

# OPMF 00 – NEW PILOT MEMBERSHIP APPLICATION

## APPLICATION INSTRUCTIONS

- Use this form for a new, first time application for full Pilot Membership to the NZHGPA.
- A Fit & Proper Person (FPP) application form should also be completed and submitted in conjunction with this application.
- Use form OPMF00b for renewal of full Pilot Membership to the NZHGPA (available only from the Administrator)
- Use form OPMF00c for application and renewal for Non Flying Financial (Associate) membership to the NZHGPA
- ALL student pilots under initial instruction must complete and submit form OPMF01- Temp Pilot Certificate: Student - but the student membership fee is waived if the student elects to apply immediately for full Pilot Membership (i.e. they also submit this form)
- Details of NZHGPA affiliated clubs and NZHGPA Fees are available on the NZHGPA web site: [www.nzhgpa.org.nz](http://www.nzhgpa.org.nz)

<p><b>CONTACT DETAILS</b></p> <p><b>First Name</b> .....</p> <p><b>Surname</b> .....</p> <p><b>Postal Address</b>.....</p> <p>.....</p> <p>.....</p> <p><b>City/Country</b> .....</p> <p><b>Telephone</b> ..... <b>Post Code</b>.....</p> <p>Home: (.....) ..... Fax: (.....).....</p> <p>Work: (.....)..... Mobile: (.....).....</p> <p>Email: .....</p> <p><b>Emergency Contact Address</b> (Optional) .....</p> <p>.....</p>	<p><b>PILOT INFORMATION</b></p> <p><b>Date of Birth</b> ..... (dd/mm/yy)</p> <p><b>Gender</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><b>Membership Type</b> <input checked="" type="checkbox"/> Paragliding <input type="checkbox"/></p> <p style="padding-left: 150px;">Hang Gliding <input type="checkbox"/></p> <p><b>Airtime during past 12 months</b> .....:.....(hh:mm)</p> <p><b>Joining which Club</b>.....</p> <p><b>Your Instructor/School or Prior Overseas Affiliation</b></p> <p>.....</p> <p>.....</p>
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## INFORMATION DISCLOSURE

I give my permission to the NZHGPA (Inc) to disclose my personal information to any commercial interest for the purpose of adding my name to an advertising mailing list  Yes  No

## WAIVER

I accept that Hang Gliding and Paragliding are action air sports, which can involve risk of serious injury or death and so agree to assume all the risks of injury or damage.

I release, waiver and hold blameless the New Zealand Hang Gliding and Paragliding Association (Inc), training school, or instructor from all claims, losses, damage or expenses during or in conjunction with my participation in learning to fly a hang glider or paraglider, including any claims caused by negligence of instructors together with any costs including legal fees that may be incurred as a result of any such claims, losses, damage, or expenses whether valid or not.

I agree to abide by the rules and regulations of the NZHGPA (Inc) and Civil Aviation Authority of New Zealand (CAA), and recognise my local club rules. I consent to the collection and retention of membership details by the NZHGPA for record-keeping purposes and for the Association to disclose these to a member's club. I acknowledge my right to access and correct this information. This consent is given in accordance with the Privacy Act 1993.

**Signature** ..... **Date** ..... (dd/mm/yy)

<p><b>FEES</b></p> <p>Club Fee .....</p> <p>Assoc Fee .....</p> <p>O'Seas Post .....</p> <p><b>Total</b> .....</p>	<p style="text-align: center;"><b>PAYMENT OPTIONS</b> <input checked="" type="checkbox"/></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>Cheque</b> <input type="checkbox"/></p> <hr/> <p>or <b>Credit Card</b> <input type="checkbox"/></p> <p>Please note, credit card transactions incur a 2.5% surcharge.</p> </td> <td style="width:50%; vertical-align: top;"> <p>or <b>Funds Transfer</b> <input type="checkbox"/> Date of transfer .....</p> <p>NZHGPA, Westpac Bank Account: 03_0502_0295267_00</p> <p>* This type of payment is preferred. Please include clear name references with transfer to enable identification of your payment.</p> <p>Cardholder Name .....</p> <p>Cardholder Signature .....</p> <p>Credit Card Number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _</p> <p>Expiry Date _ _ / _ _</p> </td> </tr> </table>	<p><b>Cheque</b> <input type="checkbox"/></p> <hr/> <p>or <b>Credit Card</b> <input type="checkbox"/></p> <p>Please note, credit card transactions incur a 2.5% surcharge.</p>	<p>or <b>Funds Transfer</b> <input type="checkbox"/> Date of transfer .....</p> <p>NZHGPA, Westpac Bank Account: 03_0502_0295267_00</p> <p>* This type of payment is preferred. Please include clear name references with transfer to enable identification of your payment.</p> <p>Cardholder Name .....</p> <p>Cardholder Signature .....</p> <p>Credit Card Number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _</p> <p>Expiry Date _ _ / _ _</p>
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**MEDICAL DECLARATION INSTRUCTIONS**

All pilots are required to annually complete a medical declaration.

On this application the declaration has two forms and if a pilot can truthfully complete **Form 1**, then no further action is required.

Applicants unable to complete the **Form 1** should seek a Medical Examination from a Registered Medical Practitioner.

Applicants and Practitioners may seek advice from the NZHGPA chief medical advisor via the Administrators Office.

**Form 1 - MEDICAL DECLARATION**

**Full Name** .....

(Christian Name)

(Surname)

1. I hereby declare that I do not suffer from any of the following specific conditions.

- (a) Epilepsy or other periodic disturbance of consciousness, giddiness, or history of severe head injury.
- (b) Diabetes requiring insulin therapy.
- (c) High Blood Pressure, chest pains or Angina Pectoria or any form of heart disease.
- (d) Episodes of shortness of breath or lung disease.
- (e) Psychiatric disorder.
- (f) Chronic ear or sinus disease.
- (g) A history of alcoholism or drug addiction.
- (h) Any condition requiring regular medication with antihistamines, antihistaminics, antispasmodics, sedatives or narcotics.

2. I also declare that I do not have any established history of or suffer from any other medical condition, disease or disability, either mental or physical or any visual defect, or take any medication, which would be likely to affect my ability to fly a glider safely.

I understand that it is my responsibility to inform the Club Safety officer or the Civil Aviation Authority of New Zealand of any changes occurring which would affect this declaration.

**Signed** ..... **Date** ..... (dd/mm/yy)

**IMPORTANT:** Should a medical condition exist which would disqualify a candidate from this declaration, a Medical Examiners Certificate should be sought. Contact the NZHGPA Administrator and/or NZHGPA Medical Advisor.

**Form 2 - MEDICAL EXAMINERS CERTIFICATE**

From my knowledge of the medical history of the candidate above, and/or from the result of a medical examination, and/or after consultation with the NZHGPA Chief Medical Advisor, I certify that to the best of my knowledge and belief the above named applicant is fit to fly a glider with/without (*cross out whichever does not apply*) a passenger.

**Medical Examiner** .....

(Christian Name)

(Surname)

**Signed** ..... **Date** ..... (dd/mm/yy)

(Registered Medical Practitioner)

**OFFICE USE ONLY:** Fees [ ] Waiver [ ] Declaration [ ] FPP Assessed OK [ ] Mem Authorised [ ]

**Signed** ..... **Date** ..... (dd/mm/yy)

# FPP – FIT AND PROPER PERSON QUESTIONNAIRE

## 1. Personal details

(a) Full Name							
(b) CAA Client Number: (if known)							
(c) Date of Birth:				Place of Birth:			
(d) Address for Service: <small>Civil Aviation Act, s8, requires applicants to provide an address for service (ie, a physical address) and to notify the Director of any changes.</small>							
Daytime Telephone:				Fax or Mobile:			
Email address:							

## 2. Questionnaire

<b>THE INFORMATION SOLICITED HEREIN IS REQUIRED PURSUANT TO SECTIONS 9 AND 10 OF THE CIVIL AVIATION ACT 1990, WHICH PROVIDES FOR A FIT AND PROPER PERSON TEST TO BE SATISFIED</b>		
Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document which has been suspended or revoked ? (other than a licence that has been superseded by a replacement or a higher licence)	<b>Yes*</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
* If answering "Yes", please give details here: .....		
.....		
.....		
.....		
	<b>Yes*</b>	<b>No</b>
(a) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have you been convicted on any criminal charge or are you presently facing charges for any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have you any history of physical or mental health or serious behavioural problems?	<input type="checkbox"/>	<input type="checkbox"/>
*If answering "Yes" to question a, b, or c above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, NZHGPA Administrator".		

## 3. Declaration

<p>I hereby certify that to the best of my knowledge and belief the statements made and the information supplied in this questionnaire and the attachments are correct. I hereby consent to the disclosure by the New Zealand Police of any details of any convictions I may have pursuant to this application, to the Manager Personnel Licensing, Civil Aviation Authority.</p>	
Applicants Signature: .....	Date: .....
<p>The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under Section 49 of the Civil Aviation Act 1990 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$5,000.</p>	

<b>OFFICE USE ONLY:</b>	<i>Applicant assessed Fit and Proper Person</i>	Yes [ ]	No [ ]	
Signature: .....		date: .. (dd/mm/yy)		