

# AAAA Membership Application

Please return to PO Box 353 MITCHELL ACT 2911 Australia

or fax to 02 6241 2555

Name: .....

Company / Trading Name: .....

ABN: .....

Address: .....

City: ..... State: ..... Postcode: .....

Phone: ..... Fax: .....

Mobile: ..... Email: .....

Please tick  the appropriate membership category.

*If you hold an AOC, you can only apply for Operator membership. There are no exceptions to this rule.*

*If you are applying for Associate membership and you work for a company who provides services to the Aerial Agricultural industry, you can only apply for Associate Trade membership. There are no exceptions to this rule.*

**Operator Member:** Annual Subscription calculated at 0.4% of turnover. Minimum annual payment of \$1,250 (includes GST). Full voting rights. A Subscription Reconciliation form signed by your accountant must be received each 12 months or subscriptions will be invoiced under option B.

**Pilot Membership:** Annual Subscription \$110 (includes GST) and is valid from 1 April to 31 March. When 50 pilot members join the Association, pilot members will be entitled to elect one Director to the AAAA Board and will have one collective vote at general meetings. Pilot membership is NOT open to operators.

**Associate – Trade Membership:** Annual Subscription \$550 (includes GST) and is valid from 1 April to 31 March. No voting rights. For companies associated with the industry wanting to support the goals and programs of AAAA.

**Associate – Engineers Membership:** Annual Subscription \$110 (includes GST) and is valid from 1 April to 31 March. No voting rights. For aeronautical engineers working within the industry.

**Associate – General Membership:** Annual Subscription \$110 (includes GST) and is valid from 1 April to 31 March. No voting rights. For other individuals in the industry that do not fall into any other category of membership. This category is NOT open to people representing a company. See Trade above.

**In nominating for membership of the Association, I agree to abide by the rules of the Association and all decisions of the Board of Directors and herewith enclose the appropriate minimum subscription payment.**

.....  
Signature

.....  
Date

# Operator Membership Application

You must complete this section in full

Name: .....

AOC Number: .....

How many pilots do you employ? .....

Please list the number and type of aircraft registered to your company?

.....  
.....

Has your company had any accidents in the last 5 years Yes / No  
If yes, what type of accident was this e.g. take off, wire strike etc.

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.....  
.....

Has your company had any drift claims in the last 5 years Yes / No  
If yes, please give details

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Has your company had any other incidents in the last 5 years, which may have brought the industry into disrepute?  
If yes, please give details. Yes / No

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.....

What type of application work will you predominantly be doing e.g spraying, firebombing etc?

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Has your company ever been prosecuted under State Chemical Control of Use legislation?  
If yes, please give details Yes / No

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Has your company ever been prosecuted or been subject to non-compliance action by CASA?  
If yes, please give details Yes / No

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Has your CASA or chemical distribution licence ever been cancelled or suspended?  
If yes, please give details Yes / No

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Do you agree to AAAA publishing your contact details in the Members Directory? Yes/No

By becoming a member I agree to the use of personal details as per the AAAA's privacy policy  
which I have read at [www.aerialag.com.au](http://www.aerialag.com.au)

Yes / No

I have read and agree to comply with the AAAA Code of Conduct

Yes / No

***In order to apply for Operator membership of AAAA, you must be nominated by two current financial  
AAAA Operator members***

Nominated by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

# AAAA General Payment Form

Please return to PO Box 353 MITCHELL ACT 2911 Australia  
or fax to 02 6241 2555

Payment for: .....

Name: .....

Postal Address: .....

Phone: ..... Mobile: .....

Email: .....

## Please complete the following:

Mastercard

Visa

Card No.

Expiry Date:

Name on Card: .....

Amount Authorised: \$ .....

Date: .....

Approval signature: .....

***Please note: AAAA does not accept Diners or Amex cards.  
A tax invoice / receipt will be issued upon processing of payment.***