



Australian Air League Inc.

RECOMMENDATIONS FOR AWARDS

(A separate Form 11 is required for each recommendation)

Form 11 7/2000

The undersigned recommends to the Council of Australian Air League Inc., that the Award as indicated below be awarded to:-

Surname (block letters) Christian Names (block letters)

Date of Joining: Membership No: Group:

Current Rank: Unit:

AWARD ☆☆

- List of award options with checkboxes: Life Membership, Distinguished Service Award, Meritorious Service Award, Certificate of Merit, Certificate of Appreciation, A.A.L. Gold Wings, A.A.L. Gold Half Wings, A.A.L. Silver Wings, A.A.L. Silver Half Wings, A.A.L. Glider Wings (Gold), A.A.L. Glider Wings (Silver), A.A.L. Glider Wings (Blue), A.A.L. Ultralight Wings, A.A.L. Parachutist Award (Gold), A.A.L. Parachutist Award (Silver), A.A.L. Technical Award (Gold), A.A.L. Technical Award (Silver), 10 Years Service as an Officer, 10 Years Service, Other Service - Years.

SAMPLE ONLY NOT FOR USE

Documents supporting Award/s:

Sighted by:

Remarks:

Signature of Recommending Officer

Signature of Group Executive Commissioner

NOTES:

- ☆☆ Place a cross in the square for Award recommended.
* Recommendations for Life Member, Distinguished Service Award or Meritorious Service Award require the citation on the reverse of this form to be completed. Use additional sheets if necessary.
All recommendations are to be forwarded to the Federal Administration Commissioner for consideration by the Council of the Australian Air League Inc.

OFFICE USE ONLY

Approved /Not Approved by Council of AAL Inc.: Date Federal Administration Commissioner

CITATION

Membership No.

Surname (block letters)

Christian Names (block letters)

Rank

Date of Birth

Date of Joining

Appointments: List all acting and confirmed appointments the nominee has held during AAL membership:

Units: List all Units the nominee has been associated with during AAL membership:

External Awards: List all external awards the member has been granted:

AAL Awards/Brevets: List all AAL awards the member has been granted:

What has this person done that is outside their normal duties or the requirements of being an AAL Officer?

Citation:

Signature of person writing Citation



DETAILS OF SQUADRON OFFICERS, BRANCH OFFICE BEARERS, BANKING DETAILS & SQUADRON MEETING VENUES

Branch Name: **Date:**

PART A. Branch Office Bearers:-

Designation	Surname	Given Name/s	Address Details
President <small>Membership No.</small>			Address: Telephone: Fax: Email:
V/President <small>Membership No.</small>			Address: Telephone: Fax: Email:
V/President <small>Membership No.</small>			Address: Telephone: Fax: Email:
Secretary <small>Membership No.</small>			Address: Telephone: Fax: Email:
Treasurer <small>Membership No.</small>			Address: Telephone: Fax: Email:

Note: Indicate any special requests regarding mailing address or other particulars.

.....
.....

PART B. Bank Account Details:- (Full details of all Accounts, Insert full Account Number, ie include first six digits)

1. Name of Bank: **Account No:**

Bank Branch: **Telephone:**

Address:

2. Name of Bank: **Account No:**

Bank Branch: **Telephone:**

Address:

The Certification on the Reverse of this Form Must be Completed.
THIS FORM IS TO BE COMPLETED AND FORWARDED TO GROUP H.Q.
WITHIN SEVEN (7) DAYS OF ANY CHANGE OR AS REQUESTED.

(If Insufficient Space Please Attach Additional Sheets.)

PART C. Squadron Officers:-

Designation	Surname	Given Name/s	Address Details
O.C. <i>Membership No.</i>			Address: Telephone: Fax: Email:
2IC <i>Membership No.</i>			Address: Telephone: Fax: Email:
Adjutant <i>Membership No.</i>			Address: Telephone: Fax: Email:
Education <i>Membership No.</i>			Address: Telephone: Fax: Email:
Drill <i>Membership No.</i>			Address: Telephone: Fax: Email:
P.A. <i>Membership No.</i>			Address: Telephone: Fax: Email:
Q.M. <i>Membership No.</i>			Address: Telephone: Fax: Email:
<i>Membership No.</i>			Address: Telephone: Fax: Email:
<i>Membership No.</i>			Address: Telephone: Fax: Email:

EMAIL ADDRESS TO BE USED FOR SQUADRON INFORMATION

SAMPLE ONLY
NOT FOR USE

Note: Indicate any special requests regarding mailing address or other particulars.

PART D. Squadron Parades:-

Squadron:

Wing:

Region:

Address of Squadron Meeting Venue:

.....

Meeting Day: **Time:** **to**

Certified Correct as at:/...../.....

Signed: Name: Appointment:
(PLEASE USE BLOCK CAPITALS)

**THIS FORM IS TO BE COMPLETED AND FORWARDED TO GROUP H.Q.
WITHIN SEVEN (7) DAYS OF ANY CHANGE OR AS REQUESTED.**

(If Insufficient Space Please Attach Additional Sheets.)



Australian Air League Inc.

Notification of CHANGE OF PERSONAL PARTICULARS or TRANSFER OF MEMBER

Form 18 6/2005

Change of Address [] Name [] Membership [] or Transfer [] Please tick appropriate Box or Boxes.

Table with 3 columns: Squadron, Wing, Region

Rank: Date Joined: Membership No.:

Previous Surname: Given Names:

New Surname: Given Names:

Previous Address:

Post Code: Phone: Home: Business:

New Address:

Post Code: Phone: Home: Business:

Email Address: Mobile:

TYPE OF TRANSFER. Please tick appropriate Box.

- Transfer options: Squadron to Squadron, Associate to Uniform, Squadron to Group, Wing to Interstate, Other, Sqn/Branch to Sqn/Branch, Squadron to Wing, Wing to Group, Group to Squadron, Uniform to Associate, Wing to Squadron, Squadron to Interstate, Group to Wing

Transferring From: To: Date:

I certify that the above member is a financial member of the Australian Air League Inc. and that Annual Subscription was paid on his/her behalf to G.H.Q. on:/...../.....

Date: Signed

O.C./ADJUTANT

Table for signatures and dates: Date received by Squadron Adjutant, Date received by Gp. Admin. Comr., Date received by Gp. Records Officer

Three copies to be completed: One copy (Original) to G.H.Q., Second Copy with Member's Record Card to transferring member. Third copy to be forwarded to the Unit that the Member is transferring to. This third copy to be returned to the Group Records Officer (attached to Form 19) when member transfers in to the new Unit.



Squadron:..... Wing:..... Region:.....

OFFICER PROMOTIONS AND APPOINTMENTS

Membership No.	Surname	Init.	Date Joined	Rank		Appointment	
				From	To	From	To

Address:..... Email Address:.....

NCO PROMOTIONS

Membership No.	Surname	Init.	Rank		NCO Ex.	A/C No.
			From	To		

SAMPLE ONLY
NOT FOR USE

Squadron O.C.

.....
Squadron O.C. Signature Date

Wing O.C./Reg. Comr./Reg. Off.

.....
Wing O.C. Signature Reg. Comr./Reg. Off. Signature Date

HEADQUARTERS USE ONLY
GTO/GTC/GFO/GFC

.....
GTO/GTC/GFO/GFC Signature Date

GFO/GFC	Approved/Not Approved Date	Authority Card Nos. Date of Issue:..... GRO No.....
G.P. Board	Approved/Not Approved/Not Applicable	..... Date
Group Council	Approved/Not Approved/Not Applicable	..... Date



Australian
Air League Inc.

OFFICER PROMOTIONS & APPOINTMENTS

Form 21
7/2000

Squadron: Wing: Region:

Membership No.	Surname	Init.	Date Joined	Rank		Appointment	
				From	To	From	To
Address			Email Address				

Squadron O.C.	
..... Squadron O.C. Signature Date

SAMPLE ONLY
FOR USE

Wing O.C./Reg. Comr./Reg. Off.		
..... Wing O.C. Signature Reg. Comr./Reg. Off. Signature Date

HEADQUARTERS USE ONLY	
GTO/GTC/GFO/GFC	
..... GTO/GTC/GFO/GFC Signature Date

G.P. Board	Approved/Not Approved	.....
		Date	Authority Card No.
Group Council	Approved/Not Approved	.....	Date of Issue:
		Date	GRO No.



Application for FLYING TRAINING

Form 101
8/2002

To be completed in detail and forwarded to the Group Air Activities Commissioner (GAAC) for Powered Aircraft Training, or the GAAC/O.C. Gliding for Gliding Training or Gliding Course as applicable prior to the commencement of any training. Your Squadron O.C. must be notified of your intentions regarding this training and must sign this Application Form to acknowledge approval. Applicants are to present the tear off section of this Form to the Training Establishment as confirmation that they are an approved Australian Air League Inc. Student and are therefore entitled to any special rates etc. afforded to Australian Air League Inc. members.

APPLICANT'S DETAILS

Membership No:.....

Surname:..... Initials:..... D of B:.....

Address:..... Postcode:.....

Phone: (Business):..... (Home):..... Fax:.....

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

Group/Region/Wing/Sqn:..... Appointment:..... Rank:.....

Officer Commanding's Signature:..... Date:...../...../.....

TRAINING ESTABLISHMENT DETAILS (If not Australian Air League Inc.)

Name of Company:..... Phone:.....

Address:..... Fax:.....

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

Email Address:.....

Name of Chief Flying Instructor:.....

Training Airport/s to be used:.....

Aircraft Type to be used:.....

**SAMPLE ONLY
NOT FOR USE**

CONDITIONS

1. All flying must be conducted at a Civil Aviation Safety Authority (CASA) approved Registered Landing Area by a correctly licenced Flying School [CASA, Recreational Aviation Australia Inc. (RAA) or Gliding Federation of Australia (GFA) as applicable] as approved for Australian Air League Inc. use by the Federal Air Activities Commissioner (FAAC) or the Group Air Activities Commissioner (GAAC).
2. The conduct of any flying activity involving Australian Air League Inc. members other than authorised is forbidden and renders the pilot/s, aircraft owner/s and Training Establishment liable in the event of any accident/incident.
3. I, the undersigned, have read and understood the above rules and those in Section 19 of the Australian Air League Inc. Manual under which members are permitted to undertake flying activities and I certify that I am a current financial member of the Australian Air League Inc.

Applicant's Signature:..... Date:...../...../.....

Parent/Guardian's Signature:..... Date:...../...../.....

This section to be returned to applicant for onforwarding to Training Establishment:

Surname:..... Initials:..... Rank:.....

Address:..... Postcode:.....

Group/Region/Wing/Squadron:.....

Your application for permission to undertake Flying Training under the auspices of the Australian Air League Inc. is APPROVED/NOT APPROVED.

General Comments:.....

.....

.....

Signed:.....(GAAC) Date:...../...../.....



Australian
Air League Inc.

APPLICATION FOR PERMISSION TO HOLD A CAMP/DAY OUTING

Form 17
7/2000

(To be submitted to GFC via the Wing OC and Regional Commissioner/Officer 14 days prior to Camp/Day Outing)

<i>Squadron</i>	<i>Wing</i>	<i>Region</i>	<i>G.H.Q. No.</i>
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1. CAMP/DAY OUTING DETAILS. *(Day Outings – Sections 1, 3 & 4 ONLY to be completed.)*

Date: From: To: *(Both dates inclusive.)*

Main Purpose of Camp/Day Outing:

Exact Location *(Include Map Reference)*:

.....

Means of Access:

.....

2. FACILITIES AVAILABLE.

Type of Accommodation *(Huts, Tents, etc.)*:

.....

Drinking Water *(Mains, Tank, Bottled, etc.)*:

.....

Toilets:

.....

Cooking Facilities:

.....

Who will prepare and cook meals?:

.....

Washing, Showers, etc: ...

.....

Special details concerning camp site:

.....



This Section to be returned to applicant via Wing O.C.

TO: O.C.Sqn.WingRegion

Your Application for Permission to Conduct a Camp/Day Outing on

at is Approved/Not Approved.

General Comments:

.....

You are instructed, on completion of the Camp/Day Outing, to forward to the GFC a report as directed in the Australian Air League Inc. Manual, Section 15, Para 30.9.

Date: GFC:

3. TRANSPORT ARRANGEMENTS.

How will the Members attending the Camp/Day Outing be transported?:
.....
Departure: Place: Time:
Return to: Place: Time:
How will the Camp/Day Outing Equipment be transported?:
.....

4. CAMP/DAY OUTING STAFF.

O.C.: Adjutant:
Other Staff:
.....
.....
Number of Cadets expected to attend: Number of Associate Members expected to attend:
Number of Officers expected to attend:..... Number of Non AAL Inc. personnel expected to attend:

5. OTHER DETAILS.

Nominate nearest Doctor or Hospital for Emergency Treatment:
.....
Which Authorities have been informed of the Camp?:
.....
Other Information:
.....
.....
.....

Signed: (O.C. Squadron) Date:
Ph: Fax: Email:

Approved/Not Approved	.....	.....
	WING OC/REGIONAL OFFICER	DATE
Approved/Not Approved	.....	.....
	GFC	DATE RECEIVED
Method of Reply	Mail/Email/Phone/Fax/.....	.....
		DATE REPLIED

Instructions for Use.

1. Applications for Permission to Conduct a Camp must have ALL Sections of this Form completed.
2. Applications for Permission to Conduct Day Outing need have only Sections 1, 3 & 4 completed.
3. The Form is to be completed in DUPLICATE: 1 Copy for GFC; 1 Copy for Unit Files.
4. Should Wing OC/Regional Officer disapprove the Camp/Day Outing, the Form must still be sent to GFC, however a Report by the Officer concerned is to be attached.
5. Camp Programme & Syllabus to be attached to this Application.
6. For further information, refer to the Australian Air League Inc. Manual, Section 15.



APPLICATION TO ATTEND ACTIVITY

Form 17a
(incorp Form 20a)
12/2006

(**Please return this form to Squadron OC by/...../20.....**)

DAY OUTING OVERNIGHT ACTIVITY SQUADRON:

NAME OF ACTIVITY: DATE:

APPLICANT DETAILS: MEMBER NON-MEMBER

Surname: Given Names:

Residential Address: Postcode:

Phone No.: Home: Mobile: Email:

Medicare No.: Private Health Insurance provider (if any):

Blood Group (if known): Date of Last Tetanus Injection (if known):

MEMBERS ONLY

Membership No.: Age: Rank: Date of Joining:

NON-MEMBERS ONLY

Age (if under 18):

REQUIRED FEE
Enclosed \$ (if required)

EMERGENCY CONTACT DETAILS

Surname: Given Name:

Residential Address: Postcode:

Relationship to Applicant: Email:

Phone No.: Home: Work: Mobile:

DETAILS OF ANY KNOWN MEDICAL/PHYSICAL CONDITION
(Disabilities, Allergies, etc and any medication required)

.....

.....

Applicant is self-medicated Applicant requires supervision of medication

PRIVACY NOTICE and INDEMNITY
(See details on reverse of this Form)

I,

acknowledge that I have read and understand the Privacy Notice detailed overleaf and I hereby affirm my understanding of the League's Privacy Policy and my agreement to the collection of personal and sensitive data for the purposes described in that Policy in furtherance of the League's objectives.

I further acknowledge having read the Indemnity Statement overleaf and that all particulars included on this Form 17a are correct at the time of signing.

.....

Signature of APPLICANT **OR**
Signature of Parent or Legal Guardian where the Applicant is deemed to be a minor under respective state laws.

SPECIAL DIETARY REQUIREMENTS/VEGAN/VEGETARIAN etc (State what foods CANNOT be eaten)

.....

.....

.....

.....

WITNESS TO ABOVE SIGNATURES

Printed Name: Signed: Date:

CONFIDENTIAL WHEN COMPLETED

FORM 17a – APPLICATION TO ATTEND ACTIVITY

INSTRUCTIONS FOR THE USE OF THIS FORM

PHOTOCOPIES OF THIS FORM ARE ACCEPTABLE PROVIDING
THE FORM HAS BEEN COMPLETED IN BLACK INK AND THE COPY IS LEGIBLE.

PART A. GENERAL REQUIREMENTS

1.0 Use of Form 17a

1.1 **Form 17a must be used to apply to participate in any activity conducted by any Unit of the League.**

Form 17a should be destroyed in accord with the League's Privacy Policy.

1.2 **Form 17a must be fully completed by –**

1.2.1 members who are financial and who have already submitted a Form 20 and who are in possession of a membership number,

1.2.2 a Parent or Guardian on behalf of a member who is deemed to be a minor under respective State Laws,

1.2.3 non-member volunteers who wish to participate in any activity conducted by any Unit of the League in a supervisory role or where a non-member is utilising League provided services, eg, parent or friend attending a League camp; parent or friend sharing transport services provided by the League etc.

2.1.3 Members, Parents/Legal Guardians and adult non-member volunteers are responsible for advising any changes to details on Form 17a as per the Indemnity clause contained therein. When this occurs, Squadron OC will issue the Member/Parent/Legal Guardian or adult non-member volunteer with a replacement Form 17a for completion and is responsible for the prompt return of the updated form.

2.0 Distribution of Form 17a

2.1 **For the purpose of Parade Nights and other programmed activities such as band/drill practices, instructional activities etc THAT DO NOT exceed a duration of greater than four (4) hours. (Activities exceeding four (4) hours duration MUST have a separate Form 17a to cover the event/activity.**

2.2 **For the purpose of any activity other than Parade Nights etc as detailed in para 2.1 above.**

2.2.1 Unit OC or Officer in Charge of an activity will issue a Form 17a to each member and non-member volunteer together with any relevant document giving details of the activity.

2.2.2 Completed forms must be returned to Unit OC or Officer in Charge of the activity by the date required, together with any applicable fees.

2.2.3 Unit OC or Officer in Charge of the activity must retain the Form 17a until the completion of the activity, and given that no accident/incident occurred involving the member or non-member volunteer, the form should be destroyed in accord with the League's Privacy Policy.

2.2.4 If the member or non-member volunteer was involved in an accident/incident then the Form 17a must be attached to the accident/ incident report forwarded to Group Headquarters.

2.2.5 Members, Parents/Legal Guardians and non-member volunteers are responsible for advising any changes to details on Form 17a for the activity as per the Indemnity clause contained therein.

2.1.1 On the first Parade Night of each year, or upon a new member joining, Squadron OC will issue Form 17a to each member and adult non-member volunteer, the name of the activity being "Parade Nights and associated activities" (refer para 2.1 above) and the date being the relevant year, ie 2006. Completed forms must be returned to Squadron OC on the next and following Parade Night.

2.1.2 Squadron OC will retain and have available at each Parade Night and associated activity (refer para 2.1 above), a Form 17a for each Member and adult non-member volunteer for a period of twelve (12) months. At the end of this period the

Part B. PRIVACY NOTICE

Upon joining the Australian Air League Inc. ("the League") you agreed to us collecting personal and sensitive data for the purposes disclosed in our Privacy Policy in furtherance of the League's objectives. In the case of a youth member, you acknowledge a similar understanding and agreement in your capacity as the Parent or Guardian of that member. The League will not use your personal and sensitive information for any reason other than that for which you would reasonably expect it to be used.

You have certain legislated rights of access to the personal and sensitive information being held in respect of you and your child/ward and you may exercise those rights of access by contacting the Group Executive Commissioner.

You can also contact us on privacyofficer@airleague.com.au.

The League's Privacy policy can be viewed on our web site at www.airleague.com.au.

Part C. INDEMNITY

In consideration of the Australian Air League Inc. (hereinafter named the League) either allowing the member to carry out the above named activity, or accepting services to be provided from me or my son/daughter/ward to the League on a voluntary basis, or such other basis as may be agreed in writing, I agree and indemnify the said League, its officers, member pilots, servants or agents insofar and to the extent of which the League, its officers, member pilots, servants or agents are not entitled to be indemnified under any policy of insurance whatsoever against any damages claims or demands arising out of any incident accident or illness which may befall or occur to me or my son/daughter/ward during my/his/her voluntary service with the League or such other participation in the above named activity conducted by the League or when travelling to or from the above named activity connected with the League. I further authorise any officer or member in charge at the time, where it is impractical to contact me, in

the event of any incident, accident or illness to obtain any necessary medical assistance or treatment and for this purpose engage any doctors, nursing assistance or hospital accommodation and, if emergency operations are required I authorise the administration of anaesthetic and operation by a surgeon at his/her direction and in this event I agree to pay all expenses, costs and fees of whatsoever nature other than fees and expenses recoverable under any insurance policy which the League may have in place from time to time and I agree to pay all such costs expenses and fees to the League upon demand. I further agree to inform and update the League in relation to any change in medical condition affecting me, my son/daughter/ward prior to the date of the above named activity. I further agree that I, my son/daughter/ward will be bound by the Rules and Regulations of the League and I further agree that I, my son/daughter/ward will accept and adhere to all directions of the Officer in Charge whilst participating in League activities.