



AFAP APPLICATION FORM

Please complete this form and return to the AFAP, 4/132-136 Albert Road, South Melbourne, VIC 3205,
Fax (03) 9699 8199, or e-mail membership@afap.org.au.

NAME: D.O.B.: / /

Residential Address:

Postal Address: Post Code:

Phone 1: Phone 2:

E-mail:

Employer: Start Date:

Annual Salary*: Home Base Code:

Employee No:

* Membership is calculated on 1% of base salary for Short-Haul members or 1% of the Minimum Guaranteed Hours (MGH) rate for Long-Haul members

Position:

- Management Pilot
- Check Captain
- Training Captain
- Training FO

- Captain
- First Officer
- Second Officer

Employment Status:

- Full Time
- Part Time

Aircraft Type:

Payment Cycle/Method:

- Annually
- Quarterly
- Payroll Deduction**
- Credit Card***

** Payroll deductions will commence from 1 January 2024. Please complete the attached payroll deduction authorisation along with your application.

Card Type: Visa MC

*** To ensure the integrity of your credit card details, you will be prompted to log into the website and enter your credit card details directly into the payment gateway (eWay) once your membership has been confirmed.

SIGNED: Dated:

Office Use Only



Subscription Deduction Authorisation Form

I hereby authorise my employer to deduct by regular instalments my subscription to the Australian Federation of Air Pilots (AFAP). The issuing of this authority establishes my financial standing and will remain effective until revoked by me.

The Paymaster (Employer): _____

I, (Print Name): _____

hereby authorise you to deduct from my salary the Annual Subscription due by me to the AFAP by regular instalments and remit such amounts to the AFAP. I instruct you to continue such deductions until such time as I resign from the AFAP, and that resignation is confirmed to you in writing.

The total amount of deductions is 1% of my gross base salary (GST inc)¹.

I hereby authorise that the AFAP advise my employer to deduct regular instalments from my salary and forward it to the AFAP. I understand my obligation that if I revoke this authority I must immediately advise the AFAP.

Signature: _____

Date: _____

NB: A signed copy of this form must be provided to the AFAP. The AFAP will forward a copy to your employer.

Save the document for your records and send the completed form to admin@afap.org.au to onforward to your employer.

¹ Base salary includes regular annual payments such as checking and training allowances but excludes irregular or contingent payments such as overtime, working on a day off, extension payments and meal or duty allowances. It is commonly the base salary a pilot would receive when on paid leave.