



VIPA Membership Application Form

You will receive a copy of the rules of VIPA once your membership application has been processed. Please visit vipa.asn.au if you would like to read a copy of the rules prior to submitting your application.

Full Name: _____

Postal Address: _____

State: _____ **Postcode:** _____

Mobile Phone: _____

Date of Birth: _____ **Gender:** Male Female

Email Address: _____

Employer: Virgin Australia VARA Tigerair

Staff Number: _____

Fleet: _____ **Rank:** _____

Base: _____

Employment: Full Time RORO PT50 PT75 PT _____ %

Referring Member: _____

The nominated current VIPA member will receive 10% off their next year's membership fees.

VIPA Loss of Licence: I wish to join the VIPA Loss of Licence Fund

A VLF Member Application Form and Health Questionnaire is available on vipa.asn.au/vlf-home/. Forms will need to be submitted to vfs@vipa.asn.au and assessed before protection is offered.

Payment of Fees: Annual invoice (due 15th Jul)
 Direct debit Monthly (1st or 5th of each month) Direct debit Quarterly (15th Jan, Apr, Jul, Oct) Direct debit 4weekly (Thurs each Virgin Overtime pay)

I apply for membership of VIPA.

- I am employed as a pilot, on airline services within or extending beyond Australia, by Virgin Australia Group or any subsidiary related body corporate or associated entities, its successors, transmittee or assignee.
- I agree to abide by the rules of VIPA (the "rules") as amended from time to time.
- I understand that I remain a member of VIPA until I revoke my membership in writing in accordance with the rules and with the *Fair Work Act 2009*
- I agree to pay annual subscription fees in accordance with the rules and that the annual subscription fee of VIPA is 0.99% of my annual gross salary as amended from time to time.
- I have read the information supplied relating to financial obligations of membership and the circumstance and manner in which I may resign my membership.
- I understand that my initial invoice will include a \$16.50 admission fee.

Signed: _____ Date: _____

Email this completed form to the email address below. For any questions, please call on the number below.

VIPA – ABN: 81 242 166 461

PO Box 1871
Geelong Vic 3220

ph: 1800 116 460, option 4
email: secretary@vipa.asn.au
web: vipa.asn.au