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**AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC** ABN 53 412 417 012  
**F009 APPLICATION FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP 2017**  
 (APPLICATION PERIOD JULY 2016 – END OF JUNE 2017)

**YOUR MEMBERSHIP FEE ENTITLES YOU TO RECEIVE QUARTERLY ISSUES OF GYRO NEWS**

Cheque or Money Order made payable to ASRA Inc. EFT payment details BSB 032524 ACC 165988

**Address:** ASRA Registrar, PO Box 3070 Mandurah East WA 6210. [registrar@asra.org.au](mailto:registrar@asra.org.au)

All documentation can be downloaded from the ASRA Website [www.asra.org.au/](http://www.asra.org.au/)

**APPLICANT'S PARTICULARS**

Member No (if renewing)	A	Given Names	Family Name	
Postal Address		City	State	P/Code
Street Address		City	State	P/Code
Occupation			Date Of Birth	/ /
Phone Private		Phone Business	Mobile	Facsimile
Email				

**NEXT OF KIN PARTICULARS**

Given Names	Family Name	
Address	City	State P/Code
Phone Private	Phone Business	Mobile Facsimile

**MEDICAL DECLARATION F011A**

**The Medical standard for Pilots flying solo in ASRA Rotorcraft is equivalent to those required to obtain a Motor Vehicle Drivers Licence in Australia. This declaration is to be completed by all members before flying as a Pilot or Student Pilot in an ASRA-registered Rotorcraft**

**NOTE: Pilots who are unable to sign the declaration must complete ASRA Form F011 Section B. Pilots who intend to instruct or carry passengers must complete ASRA Form F010 Medical Examiners Certificate (both forms are available from the Registrar or the ASRA website) This medical certification must be undertaken at least every 4 years for persons under 40 years of age, and every 2 years for those over 40 years of age. Specific conditions may require more frequent certification and under certain circumstances “for cause” examinations may be required.**

I declare truthfully that I am not taking Insulin for the control of Diabetes, and I do not now, and have never suffered from the following:  
 Epilepsy, Fits, Severe Head Injury, Recurrent Fainting, Giddiness, Blackouts, Uncontrolled High Blood Pressure, Previous Heart Disease, or any condition that could be considered to be detrimental to the safe operation of a Gyroplane.

I further agree that, in the event of my contracting, suspecting or being advised of any of the above conditions, I will cease flying immediately until I have obtained Medical Certification (F011- section B) that it is safe to continue flying.

Signature: .....

Guardians Signature:  
 (for persons under 18 years) .....

**Continue over**

**Renewing Members Only**

**All ASRA Pilot Certificate holders are required to complete this section in order to comply with CASA requirements**

LOGGED HOURS FLOWN IN ASRA OPS – **1ST JULY 2015 to 31ST JUNE 2016** (Whole hours only please)

<b><u>INSTRUCTORS ONLY</u></b>		<b><u>PILOTS / STUDENTS ONLY</u></b>	
Gyroplane (G) Pilot .....	hrs	Gyroplane (G) Pilot .....	hrs
Gyroplane Instruction .....	hrs	Gyroplane Student .....	hrs
Gyroglider Instruction .....	hrs	Gyroglider Student .....	hrs
Search & Rescue .....	hrs	Search & Rescue .....	hrs
Gyroplane Lifetime Accumulated Hrs .....	hrs	Gyroplane Lifetime Accumulated Hrs .....	hrs

**CONTRACT OF MEMBERSHIP**

**WARNING: ASRA ROTORCRAFT FLYING IS UNDERTAKEN ENTIRELY AT YOUR OWN RISK.**

I, (name) \_\_\_\_\_ hereby apply for membership or renewal of membership of ASRA.

- I acknowledge that this is a contract for ASRA membership only, and not a contract for recreational services, professional services, or goods and that ASRA membership will entitle me to enjoy the benefit of flying under various CASA Exemptions.
- I acknowledge that I have read and understand ASRA By-Law 2010-01 (the ASRA Enforcement Scheme) and understand that it is now a strict condition of membership of ASRA that I agree to comply with the Enforcement Scheme, and I do so agree.
- I acknowledge that neither CASA nor ASRA certify the airworthiness of rotorcraft on the ASRA rotorcraft registers.
- I acknowledge that because ASRA is not a professional airworthiness certification entity, that the only practical means ASRA has of indirectly controlling airworthiness is through the development and application of rotorcraft Construction Standards.
- I acknowledge that I will be flying in ASRA registered rotorcraft at entirely my own risk.
- I acknowledge that the basic ASRA insurance covers 3rd parties only (such as property owners or passengers) and does not cover injury to myself or damage to my gyroplane. I also acknowledge that the basic level of 3rd party insurance cover is capped at \$1 million, which might be regarded by many as being potentially inadequate. I also understand that I may be able to arrange a greater amount of 3rd party coverage and possibly coverage for myself (personal cover) and my gyroplane ("hull" insurance) in direct consultation with ASRA's insurers, any such application being assessed on a case-by-case basis and most likely involving a significantly increased premium.
- I hereby solemnly and sincerely declare and affirm that ASRA and its officers will not be named as defendants or joined into any action or legal proceeding commenced by me either during or after the period of my membership and I declare and direct that my dependents, administrators or executors shall be similarly bound.

**I declare that I fully understand these 7 membership conditions and agree to be bound by them.**

Applicant signature ..... Date .....

Please tick the box if you don't want the release of your membership details to other members?

Do you hold Civil Aviation Authorities issued by another Organisation or Government Department? Yes  No

If YES, have any of these Authorities been suspended or cancelled in the last 10 (ten) years? Yes  No

I, the witness, watched the applicant insert his/her name above, read the 7 terms, and sign the contract of membership.

Witness signature ..... Date .....

WITNESS print name and address .....

**2017 Membership Fee (includes third party liability insurance – see [www.asra.org.au](http://www.asra.org.au) for details)**

(Tick appropriate box) **DO NOT SEND CASH**

<u>All members holding (No Passenger Endorsement)</u> <input type="checkbox"/> \$206	<u>All members holding (Passenger Endorsement)</u> <input type="checkbox"/> \$316	<u>All members holding Instructor rating or higher</u> <input type="checkbox"/> \$536
	<u>Temporary Membership (overseas applicants only) (includes Student Pack)</u> <input type="checkbox"/> \$199 For 3 Months <input type="checkbox"/> \$251 For 6 Months	Life or Honorary Membership (No Passenger Endorsement) <input type="checkbox"/> \$110
<u>2017 New membership (includes Student Pack)</u> <input type="checkbox"/> \$302 (Membership expires 31 <sup>st</sup> Dec 2017)	<u>Temporary Membership (overseas applicants only) (No Student Pack)</u> <input type="checkbox"/> \$103 For 3 Months <input type="checkbox"/> \$155 For 6 Months	Life or Honorary Membership (With Passenger Endorsement) <input type="checkbox"/> \$220
		Life or Honorary Membership (Instructors or higher) <input type="checkbox"/> \$440