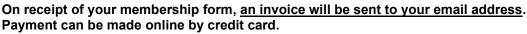
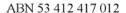
# AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

## F009 NEW APPLICATION FOR MEMBERSHIP OR **EXPIRED MEMBERS RENEWAL 2024**





Alternatively, payments by cheque or Money Order are made payable to ASRA Inc.

Post application and cheque to: ASRA Registrar, PO Box 50 Hove SA 5048.

All documentation can be downloaded from the ASRA Website Members Zone https://www.asra.org.au/member-zone/

### DO NOT USE THIS FORM IF YOU ARE A CURRENT ASRA MEMBER

Contact the registrar@asra.org.au or 0403 285 478 if you have lost your log on details or do not have internet access.

## **APPLICANT'S PARTICULARS**

Member No: (if renewing)	A Give Nam			Family Name:			
Postal Address:			City:	State	e:	P/Code:	
Residential Address:			City:	State	e:	P/Code:	
Occupation:		Nationality:		Date o	of Birth:	1 1	
Phone Private:		Phone Business:		Mobile:			
Email:				Tick the box if you wish to receive the Gyro News magazine in PDF ONLY			
IEXT OF KIN	PARTICULARS PARTICULARS						
Given Names:			Family Name:				

# Ν

Given Names:		amily lame:		
Address:	C	city:	State:	P/Code:
Phone Private:	Phone Business:		Mobile:	
Email:				

#### MEDICAL DECLARATION F011A

## ASRA members undertaking flying activities must comply with the following medical standards to exercise their flying privileges:

The medical standard and interval are set out in the ASRA Operations Manual section 2.1.10. This Medical Declaration (F011A) is assessed to the standard set by the National Transport Commission & Austroads in their publication "Assessing Fitness to Drive 2022 (as amended) for Private Vehicle Drivers Standard."

### NOTE:

- Pilots who are unable to make the self-declaration in the F011A must undertake a medical examination by a doctor and complete the F011B instead.
- DO NOT USE THIS FORM if you are a Pilot with an active instructor or higher rating. Use form F010.
- 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 a F011B Medical Certification that it is safe to continue flying.

Applicant's signature:	
Parent/Guardians signature: (For persons under 18 years)	

Continue over

### **CONTRACT OF MEMBERSHIP**

	WARNING: ASRA ROTORCRAFT FLYING IS	UNDERTAKEN ENTIRELY AT	YOUR OWN RISK.			
I, (	(name) her	eby apply for membership or renewal of	f membership of ASRA.			
1.	I acknowledge that this is a contract for ASRA membership <u>only</u> , 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.					
2.	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.					
3.	I acknowledge that neither CASA nor ASRA certify the airwort	thiness of rotorcraft on the ASRA rotorc	raft 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.					
5.	I acknowledge that I will be flying in ASRA registered rotorcra	ft at entirely my own risk.				
6.	I acknowledge that ASRA has negotiated 3rd party insurance insurance levy to the insurance company. I acknowledge that for any injury (or worse) that I sustain, nor is my gyroplane coparty insurance covers property owners who suffer loss or dapersons who suffer injury either as a passenger or a bystand this cap might be regarded by some as potentially inadequate insurer a greater level of 3rd party coverage as well as possil damage to my gyroplane ("hull insurance") but that any such involve a very significantly increased premium.	t just like with motor vehicle 3rd party insovered for loss or damage sustained to it mage as a consequence of my gyroplater, but that the level of cover is capped and I also understand that I may be also bly also arranging personal injury cover	surance, that I am not covered. I acknowledge that the 3rd ne operations, as well as at \$1 million. I understand the ble to negotiate with my (for myself) and cover for	а		
<b>7</b> .	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.					
8.	I hereby solemnly and sincerely declare and affirm that if I an or CASA, I will advise ASRA immediately. I also understand t also apply to my status as an ASRA member.  I declare that I fully understand these 8 memb	that a grounding order by another aviati	on organisation or CASA will			
Ī	Applicant's signature:	Date:				
	Please tick the box if you don't want the release of your members.	pership details to other members?				
	Do you hold Civil Aviation Authorities issued by another Organ	isation or Government Department?	Yes No			
	If YES, have any of these Authorities been suspended or cancelled in the last 10 (ten) years?  Yes No					
	For applicants under 18 years of age, a parent or guardian mumembership and does so with their authority. The Parent/Guar					
	Parent or Guardian signature:	D	Pate:			
	Print name and address:					
L				<u>:</u>		
		ty Insurance) <u>DO NOT SEND CAS</u> g.au/membership for details	<u>:H</u>			
	2024 New membership	Temporary Member	ship			
	2024 New membership (includes Student Pack)	Temporary Member (Overseas applicants undergoi				

12 MONTH MEMBERSHIP ENTITLES YOU TO RECEIVE QUARTERLY ISSUES OF GYRO NEWS

Without Passenger Endorse.

With Passenger Endorse.

Instructor rating or higher

Membership expires 31st Dec 2024

Expired members
(excludes Student Pack)

Membership expires 31st Dec 2024

**\$148** 

**\$214** 

**\$338** 

☐ **\$271** For 6 Months

Temporary Membership

(Overseas applicants undergoing training only)
(No Student Pack)

☐ **\$173** For 6 Months

Published Date: - 2 July 2024