

AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

F009 NEW APPLICATION FOR MEMBERSHIP OR EXPIRED MEMBERS RENEWAL 2024



ABN 53 412 417 012

On receipt of your membership form, an invoice will be sent to your email address.

Payment can be made online by credit card.

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	Given Names:	Family Name:
Postal Address:	City:	State:	P/Code:
Residential Address:	City:	State:	P/Code:
Occupation:	Nationality:	Date of Birth:	/ /
Phone Private:	Phone Business:	Mobile:	
Email:	Tick the box if you wish to receive the Gyro News magazine in PDF <u>ONLY</u> <input type="checkbox"/>		

NEXT OF KIN PARTICULARS

Given Names:	Family Name:		
Address:	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) _____ hereby apply for membership or renewal of membership of ASRA.
1. 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.
 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 airworthiness of rotorcraft on the ASRA rotorcraft registers.
 4. 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 rotorcraft at entirely my own risk.
 6. I acknowledge that ASRA has negotiated 3rd party insurance on behalf of its members and acts as my agent in relaying my insurance levy to the insurance company. I acknowledge that just like with motor vehicle 3rd party insurance, that I am not covered for any injury (or worse) that I sustain, nor is my gyroplane covered for loss or damage sustained to it. I acknowledge that the 3rd party insurance covers property owners who suffer loss or damage as a consequence of my gyroplane operations, as well as persons who suffer injury either as a passenger or a bystander, but that the level of cover is capped at \$1 million. I understand that this cap might be regarded by some as potentially inadequate and I also understand that I may be able to negotiate with my insurer a greater level of 3rd party coverage as well as possibly also arranging personal injury cover (for myself) and cover for damage to my gyroplane ("hull insurance") but that any such supplementary application will be assessed on its merits and likely to involve a very significantly increased premium.
 7. 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 am subject to any disciplinary breaches by another aviation organisation or CASA, I will advise ASRA immediately. I also understand that a grounding order by another aviation organisation or CASA will also apply to my status as an ASRA member.

I declare that I fully understand these 8 membership conditions and agree to be bound by them.

Applicant's signature: _____	Date: _____
Please tick the box if you <u>don't</u> want the release of your membership details to other members? <input type="checkbox"/>	
Do you hold Civil Aviation Authorities issued by another Organisation or Government Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, have any of these Authorities been suspended or cancelled in the last 10 (ten) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
For applicants under 18 years of age, a parent or guardian must sign below acknowledging that the applicant is applying for membership and does so with their authority. The Parent/Guardian has read and understands the 8 membership conditions above.	
Parent or Guardian signature: _____	Date: _____
Print name and address: _____	

Schedule of Fees (incl. 3RD Party Insurance) DO NOT SEND CASH
 See <https://www.asra.org.au/membership> for details

<u>2024 New membership</u> (includes Student Pack) <input type="checkbox"/> \$246 Membership expires 31 st Dec 2024	<u>Temporary Membership</u> (Overseas applicants undergoing training only) (includes Student Pack) <input type="checkbox"/> \$271 For 6 Months
<u>Expired members</u> (excludes Student Pack) Without Passenger Endorse. <input type="checkbox"/> \$148 With Passenger Endorse. <input type="checkbox"/> \$214 Instructor rating or higher <input type="checkbox"/> \$338 Membership expires 31 st Dec 2024	<u>Temporary Membership</u> (Overseas applicants undergoing training only) (No Student Pack) <input type="checkbox"/> \$173 For 6 Months

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