

# AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC

## F009T APPLICATION FOR 7 DAYS FREE TEMPORARY MEMBERSHIP (TRIAL INSTRUCTIONAL FLIGHT)



ABN 53 412 417 012

**This application is not able to be used by the applicant for formal flight training.  
DO NOT USE THIS FORM IF YOU ARE A CURRENT ASRA MEMBER**

### APPLICANT'S PARTICULARS

Full Name:	Contact Phone No:
Email:	Date of Birth: / /

### NEXT OF KIN PARTICULARS

Full Name:	Contact Phone No:
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#### **Medical Self Declaration**

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.

### CONTRACT OF MEMBERSHIP

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

I, hereby apply for Temporary Membership of ASRA.

1. I acknowledge that this is a contract for ASRA Free 7 Days Temporary Membership only, and not a contract for recreational services, professional services, or goods and that ASRA Temporary Membership will offer the status of a Temporary Student Pilot.
2. I acknowledge that neither CASA nor ASRA certify the airworthiness of rotorcraft on the ASRA rotorcraft registers.
3. 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.
4. I acknowledge that I will be flying in ASRA registered rotorcraft at entirely my own risk.
5. 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 the Medical Declaration, the 5 membership conditions and agree to be bound by them (as outlined above). The free 7 day period starts on the date this application is submitted and that I understand I can only apply for 1 temporary membership/calendar year.**

Applicant's or  
Parent/Guardians  
signature:

Date: / /

For applicants under 18 years of age, a parent or guardian must sign acknowledging that the applicant is a minimum of 15 years of age and applying for Temporary Membership and does so with their authority.