

AUSTRALIAN SPORT ROTORCRAFT ASSOCIATION INC



F009 NEW APPLICATION FOR MEMBERSHIP OR EXPIRED MEMBERS RENEWAL FOR MEMBERSHIP YEAR 2020

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 and EFT.

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

Post application and cheque to: ASRA Registrar, PO Box 3070 Mandurah East WA 6210. Mob. 0407 929 479

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

DO NOT USE THIS FORM IF YOU ARE A CURRENT ASRA MEMBER - RENEW YOUR MEMBERSHIP ONLINE.

Contact the registrar@asra.org.au or 0407 929 479 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
Street 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 electronically ONLY <input type="checkbox"/>	

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 40 years of age and over. 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

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 I am not under any disciplinary breaches of another Aviation Organisation or CASA. If I become the subject of such a breach, I will advise ASRA immediately. I also understand that a grounding order from 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 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 8 terms, and sign the contract of membership.

Witness signature **Date**

WITNESS print name and address

Schedule of Fees

(invoice will be sent to your email address and is payable on receipt)
see <https://asra.org.au/about-asra/become-member> for details

<p style="text-align: center;"><u>2020 New membership</u> <u>(includes Student Pack)</u> <input type="checkbox"/> \$222 (Membership expires 31st Dec 2020)</p>	<p style="text-align: center;"><u>Temporary Membership</u> <u>(overseas applicants only)</u> <u>(includes Student Pack)</u> <input type="checkbox"/> \$284 For 6 Months</p>
<p style="text-align: center;"><u>Expired members</u> <u>(excludes Student Pack)</u> (Without Passenger Endorse) <input type="checkbox"/> \$124 (With Passenger Endorse) <input type="checkbox"/> \$174 (Instructor rating or higher) <input type="checkbox"/> \$269 (Membership expires 31st Dec 2020)</p>	<p style="text-align: center;"><u>Temporary Membership</u> <u>(overseas applicants only)</u> <u>(No Student Pack)</u> <input type="checkbox"/> \$186 For 6 Months</p>

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