



# ALICE SPRINGS AERO CLUB

PO Box 508, Alice Springs NT 0871  
P:(08) 8955 5200 F:(08) 8953 0055  
Email: [operations@asac.com.au](mailto:operations@asac.com.au)

## APPLICATION FOR MEMBERSHIP

I desire to become a member of the ALICE SPRINGS AERO CLUB and enclose an amount of \$99.00 (\$90 plus \$9 GST) to cover my subscription for the year ending 30<sup>th</sup> June 20\_\_

### Applicant's Details

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Age:     16-25            25-45            45-65            65+

Private Phone: (    ) \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Email: (Please Print) \_\_\_\_\_

### Pilot License Details

ARN: \_\_\_\_\_ AFR Expires on: \_\_\_\_\_ Medical Expires on: \_\_\_\_\_

Licence(s) Held:     Student            GFPT            PPL            CPL            ATPL            RAA PC

Endorsements and Ratings:     CSU            Tailwheel            Retractable U/C            Multi Engine  
   NVFR            PIFR            SECIR            MECIR            Aerial Application  
   Aerobatics     Formation            Low Level            Instructor

### Recommendation

Club Member Proposing – (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_

Club Member Seconding – (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_

### Declaration

In consideration of my being elected a Member of the Club or granted the facilities of Membership, I hereby agree that before flying in any Club Aircraft or taking part in any of the activities of the Club, I will make myself acquainted with the Club's Constitution and By-Laws, and, if applicable, its Operations Manual.

And I further agree to observe, perform and be governed by the same and by any amendments thereof or additions thereto which may be hereafter made.

I also hereby exonerate and agree to indemnify the ALICE SPRINGS AERO CLUB, its members, their agents and their servants, from and against all liabilities for any damage or injury sustained by me in the course of, or in connection with any flight in any aircraft owned or controlled by the Club.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THE FOLLOWING MUST BE SIGNED BY THE PARENT OR GUARDIAN OF ANY APPLICANT UNDER THE AGE OF 18 YEARS

I, \_\_\_\_\_ of Address \_\_\_\_\_ hereby declare that I am the legal parent/guardian of the above named applicant for membership of the ALICE SPRINGS AERO CLUB. I have read the above Form of Application, and, on behalf of my son/daughter/ward, I hereby consent to his/her making such application; and for the consideration therein stated I agree to accept and be bound by the terms of the same and to accept full responsibility for debts, liabilities or charges which he/she may incur by reason thereof.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Details**

1. Enclosed is my cheque payable to the Alice Springs Aero Club for \$99.00

OR

2. Pay by EFT. Pay Alice Springs Aero Club BSB 633-000 A/C 155278294. Please include "MSHIP" and your surname in your payment reference and return the above form by post or email [to\\_operations@asac.com.au](mailto:to_operations@asac.com.au)

OR

3. Please charge \$99.00 to my credit card number. Card details below.

Card Number: ----- Expiry Date: \_\_ \_\_ / \_\_ \_\_

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For Office Use Only

Approved on: \_\_\_\_\_ Membership Register Updated:

Payment Recorded: \_\_\_\_\_

