

# MEMBERSHIP INFORMATION and APPLICATION FORM



(Please Print Clearly)

Form 124 B

**STATUS**    New Member Information    Update Information   Membership No. (fm CMS) \_\_\_\_\_

**MO:** \_\_\_\_\_ **AB** \_\_\_\_\_ **Zone:** \_\_\_\_\_ **Year:** 2019 **to:** 2020

### Member Personal Information

First Name \_\_\_\_\_ 2nd Name \_\_\_\_\_ Last Name \_\_\_\_\_

Common Name: \_\_\_\_\_ DOB: (yyyy/mm/dd) \_\_\_\_\_

Check box if your information is the same as last year  

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

City: \_\_\_\_\_ Prov. \_\_\_\_\_ PCode: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: (Res) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Phone (Ofc) \_\_\_\_\_

Current aircrew position: \_\_\_\_\_ (P/N/S)   Other Duties: \_\_\_\_\_  
(Non-flying - Radio Op, Ground Crew, Search Coordinator etc.)

Height:(in.) \_\_\_\_\_ Flying Weight:(lbs) \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Complexion:    Fair    Medium    Dark

Shirt Size \_\_\_\_\_ Availability:  Weekdays    Weekends    Anytime    Other (Specify) \_\_\_\_\_

### Emergency Contact Information

In Case of Emergency contact:   Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: (Res) \_\_\_\_\_ Ofc: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

### Pilot Information

Licence # \_\_\_\_\_ Medical Expiry Date: \_\_\_\_\_

Licence Type:    Student    Private    Commercial

Ratings:    Night    VFR/TT    IFR    Float    Ski    Multi    Rotary    Instructor

Hours: Mountain: \_\_\_\_\_ Multi: \_\_\_\_\_ Floats: \_\_\_\_\_ Skis: \_\_\_\_\_ Retract: \_\_\_\_\_

Hrs Last 12 Months: \_\_\_\_\_ Total PIC: \_\_\_\_\_

### Aircraft Information

Aircraft Registration \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Ownership  Owned

Horsepower \_\_\_\_\_ Fuel Type \_\_\_\_\_ No. of seats \_\_\_\_\_  Rented

Aircraft equipped with:    Floats    Skis    Amphibious    Wheels    Retractable gear    Chartered

Is a/c IFR    Yes    No    Other

Annual Membership dues of \$ **\$20.00** attached   This form must be signed and witnessed.

**Initial** \_\_\_\_\_   *I have read and agree to abide by the CASARA Alberta Code of Conduct. I also agree to abide by all other bylaws, policies, directives and guidelines of CASARA Alberta and CASARA National.*

Member Signature: \_\_\_\_\_ Date & Place \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Id has been Verified      Picture Taken

## MEDICAL SELF DECLARATION

TO:

AND TO:   
(Name of Member Organization)

**Please check the appropriate statement and sign the declaration.**

- a) CASARA Pilot Declaration  
I declare that I am physically fit for CASARA pilot duties as I currently meet the Transport Canada medical requirements for my pilot's licence.
- b) CASARA Aircrew (Navigator, Spotter, Non Pilot) Declaration  
I declare that I am physically fit for CASARA aircrew duties. I do not suffer from any medical condition requiring medications\*; do not have colour blindness; have at least 20/20 vision uncorrected or corrected by prescribed lenses.
- c) CASARA Member (Non Pilot and Non Aircrew)  
No medical declaration required.

\* When prescribed medication is required on a regular basis. This medication must fall within the guidelines set forth by medical category 3 (Transport Canada).

I AGREE to immediately advise my Zone Commander or Member Organization Director of any changes in my medical condition if same would render me unfit to serve as a volunteer aircrew member.

- Cannabis  
CASARA flight crew members will follow Transport Canada directive on the use of Cannabis and all other CASARA members, will adopt the thresholds limits for Cannabis usage as set out in DAOD 2007-2, and as amended from time to time.

NAME:

MEMBERSHIP  
NUMBER:

DATE:

SIGNATURE: