

CIVIL AIR SEARCH AND RESCUE ASSOCIATION (ONTARIO)

Member Information Form [CASARA 2015-11-22]

Zone New Member Renewal Member CMS #

First Name Middle Name Last Name

E-mail address (preferred) E-mail address (alternate)

Street address City Postal Code Province

Home Phone No. Cell Phone No. Business Phone No.

Height Weight Date of birth (d/m/y) Eye Colour Hair Colour

Air Crew Positions	Ground Crew Positions	Ground Crew Positions	Ground Crew Positions
Pilot	Electronic Search Specialist	Search Coordinator	Safety
Navigator	Driver	Instructor	First Aid
Spotter	Navigator	Radio Operator	Web
Military Spotter		Admin	Other

Driver, Pilot and Aircraft Information

Valid Driver's Licence	Pilot Licence No	Type	LVC Expiry Date (d/m/y)	Ratings
Yes			<input style="width: 70px; height: 17px;" type="text"/>	Night
No	Total Hours	PIC Hours		VFROTT
				IFR
				Multi
				Floats

A/C Regn	Make & Model	HP	Colours	Aerodrome	Config
----------	-----------------	----	---------	-----------	--------

EMERGENCY CONTACT INFORMATION

Name	Email	Phone No		
Street address	City	Postal Code		Province

CASARA INSURANCE BENEFICIARY INFORMATION

The person named below is to be my beneficiary for the purpose of the insurance coverage provided by CASARA

Same as Emergency Contact above

Yes

No

Name	E-mail	Phone No.		
Street Address	City	Postal Code		Province

Member Signature	Date (dd/mmm/yyyy)
------------------	--------------------

Witness Signature	Date (dd/mmm/yyyy)
-------------------	--------------------
