



**Blue Sky Aero, Inc.  
Club Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Do you want email statements? Y N

**In case of Emergency Notify:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Currency:**

Hours last 90 days SEL: day \_\_\_\_\_ night \_\_\_\_\_ Tailwheel: day \_\_\_\_\_ night \_\_\_\_\_

Total Flight Time SEL \_\_\_\_\_ MEL \_\_\_\_\_ IFR \_\_\_\_\_ Complex: \_\_\_\_\_

Night \_\_\_\_\_ Cross Country \_\_\_\_\_ Tailwheel \_\_\_\_\_ Total Dual received \_\_\_\_\_

**Pilot History:**

Certificate Number: \_\_\_\_\_ BFR date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Class: \_\_\_\_\_ Medical Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**Circle Certificates held:** Student Private Commercial ATP CFI CFII Other: \_\_\_\_\_

**Circle Category/Class ratings held:** SEL MEL Glider Instrument Other: \_\_\_\_\_

**Circle the following endorsements held:** High Performance Complex Tailwheel

Have you ever had an aircraft accident while acting as pilot-in-command? Yes \_\_\_ No \_\_\_

Has your license ever been suspended or revoked? Yes \_\_\_ No \_\_\_

Have you ever been involved in an FAA violation? Yes \_\_\_ No \_\_\_

Please explain any yes answers to the above questions on the back of this application.

By signing this application I understand and accept that there are inherent risks involved. I release Blue Sky Aero, Inc., and any party acting on their behalf, from any liability arising from participating in the use of club aircraft or activities.

I hereby declare that the statements made on this application are true and correct.

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent or Legal Guardian (if under 18 years old): \_\_\_\_\_ Date: \_\_\_\_\_