



**Blue Sky Aero Flying Club
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 Flying Club 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: _____