

Contact Information						
	First			M.I.		Last
Name	 					
Street Address		'		'		
City, State, Zip						
Home Phone				Work Phone:		
Cell Phone				Email:		
Date of Birth						
Emergency Contact						
History						
Have you ever had any drug or alcohol convictions?		Yes No If Yes , please attach an explanation.				
Have you ever been a membe	er of the Blue Horizon's Flying	☐ Yes ☐ No				
Club or any other flying club?		If Yes, please describe:				
Have you ever provided suppo	☐ Yes ☐ No If Yes, please attach an explanation.					
Do you hold a Pilot Certificate?		Yes No If Yes, complete the following:				
		Certificate Type Student Light Sport Recreational				Recreational ATP
		Certif	icate #			
		Ratings / Limi	tations			
		Total flight	hours			
			ASEL			
		Ever involved aviation incide acci		Yes If yes, please attach	No an explanation.	
Do you hold an FAA Medical Certificate?		Yes No If Yes, complete the following:				
			Class			
		Exp	iration			
I hereby apply for membership in the Blue Horizons Flying Club, Inc. and agree to support its activities and abide by its rules and regulations. To the best of my knowledge, I have no physical defects or limitations that would impair my ability to pilot an aircraft. You must also read, agree to, and sign the liability agreement accompanying this application.						
Please be sure to bring either a valid US Passport or both a government-issued photo ID and birth certificate for your first flight with an instructor.						
Date: Signature:						
Signature of Parent or Guardian (if under 18 years of age):						
Please provide a check for the deposit, plus your first month's dues, plus tax payable to "Blue Horizons Flying Club, Inc."						
Office use only	Check#					
New members: 3 required Returning members: majority vote	☐ President	☐ Vice-President		Sectretary "	Treasurer	faintenance Safety

Revised: 05/11/15 05:11:06 PM BHFC_Membership_Application.out

Liability Agreement

I, the undersigned, realize fully that aviation involves inherent risks. By signing this document I agree to personally assume all risks associated with the activity. I agree to release and hold harmless the Blue Horizons Flying Club, Inc., its directors, and each of its members from and against all claims, including claims of negligence, damages, losses and expenses arising out of the utilization of any and all aircraft owned or leased by the club, its officers, and its members, for any injury, illness, death or property damage resulting from the flight or other use of aircraft and equipment utilized by the club, but only to the extent that the claims are not covered by insurance held by the Blue Horizons Flying Club, Inc.

The undersigned specifically notes and accepts that the insurance coverage held by the Blue Horizons Flying Club, Inc. is adequate to protect passengers and pilots.

It is the specific intention of the undersigned member to bind his/her heirs, assigns, agents, and beneficiaries by the execution of this document.

beneficiaries by the execution of this document.	
This document is executed by me in consideration	n for membership in the Blue Horizons Flying Club, Inc
This day of	20
Member	Witness
Parent or Guardian (if under 18 years of age)	

Crow Executive Air Biography

(optional)

The information on this form may be provided to Crow to streamline the fuel purchase process and to activate the discounted BHFC fuel rate.

Full Name:	
Address:	Street: City: State: Zip:
Email: (for fuel receipts)	
Phone:	Business: Cell:

If you would like to have your credit card kept on file, please walk in and present it at the front desk.