

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 If <b>Yes</b> , please attack	No 1 an expl	anation.			
Have you ever been a member of the Blue Horizon's Flying Club or any other flying club?		Yes  No    If Yes, please describe:					
Have you ever provided support to a terrorist organization or enemy of the United States?		Yes No If Yes, please attach an explanation.					
Do you hold a Pilot Certificate?		Yes  No    If Yes, complete the following:					
		Certificat	te Type	Student	Light Sport Commercial	<ul><li>Recreational</li><li>ATP</li></ul>	
		Certif	ficate #				
		Ratings / Limi	itations				
		Total fligh	t hours				
			ASEL				
		Ever involved aviation incid acc		Yes  No    If yes, please attach an explanation.			
Do you hold an FAA Medical Certificate?		Yes No If Yes, complete the following:					
			Class				
		Exp	oiration				

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	Maintenance	Safety

## **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.

This document is executed by me in consideration 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.