

Bluelick Flying Club

Application & Annual Member Update Form

Print Clearly - Complete as Applicable

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Member: Yes No Phone: _____ Email: _____

Reason for joining? _____

Are you willing to abide by the Bluelick Flying Club Rules? Yes No

Can you participate in the Club activities? Yes No

Dues Amount Paid: _____ Period: _____ Year: _____

This membership entitle household members to Club and Airport Facilities

Aeronautical Information

Pilot Ratings & Certificates: _____

Current Month: _____ Current Year: _____ Date Of Birth: _____ Current Age: _____

Date Last Medical: _____ Date Last Flight Review: _____

Total Flight Hours: _____ Flight Hours Previous 12 Months: _____

Total Flight Hours Detail

Flight Hours Previous 12 Months Detail

Single	Multi	Night	Tail	Single	Multi	Night	tail

Member Recommending Applicant: _____

Signature of Applicant: _____

Note: Information for Ratings, Medical, Flight Hours are for insurance purposes only.

Bluelick Airport
1432 Hillview Boulevard
Hillview, Kentucky 40229
502-957-5159
<http://www.bluelickaero.com>