



TOP GUN Membership Application

Name: _____

BFA member? Yes No BFA #: _____ (HACD) Task Card #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Bus) _____ (Cell) _____

E-Mail: _____

Pilot Certificate #: _____

Type of License: _____

Balloon Name: _____ Mfg: _____ N#: _____

Insurance Carrier: _____

PILOT MEMBERSHIP: \$50.00 Annual Dues **AFFILIATE MEMBERSHIP:** \$5.00 Annual Dues

(Dues year is January 1st through December 31st | Pay dues through Paypal link on website or mail to PO Box 90236, ABQ, NM 87199-0236)

PLEASE EMAIL YOUR APPLICATION AND THE FOLLOWING PAPERWORK TO: topgunabq@gmail.com

**Balloon and Pilot Photo | Pilot Cert (both sides) | Registration | Air Worthiness | Medical Cert. (if req.)
Recent Flight Review | 61.56 Currency 3 Take Offs and Landings 90 Days | Recent Annual | Proof of Insurance**

Would you be interested in joining the board? Yes No

Release: For and in consideration of the privilege of being permitted to avail myself of the activities of Top Gun Inc. the undersigned does hereby waive, release, and discharge Top Gun Inc. , its officers, agents, and employees from all liability, claim, or cause of action for damage, injury, or loss to person or property which the undersigned might receive or sustain from any cause or for any reason during the activities of Top Gun Inc. irrespective of when, where, how, or from whatever cause such injury might be sustained. The release is intended to be absolute and entire and binding upon the undersigned, their executors, administrators, heirs, and assigns.

SIGNATURE: _____ **DATE:** _____

For Internal Use: (Rev. 07-19) Date: _____ Amount: _____ Check #: _____