



GOLDEN CORNER FLYING CLUB, OCONEE COUNTY REGIONAL AIRPORT

365 AIRPORT ROAD, SENECA, S.C. 29678

## MEMBERSHIP APPLICATION

FULL NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYERS ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE NUMBER: \_\_\_\_\_

US CITIZEN?: Y / N SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SC DRIVERS LICENSE #: \_\_\_\_\_

ARE YOU A STUDENT PILOT: Y / N

PILOT CERTIFICATE (S) HELD: PVT COM ATP CFI CFI-I

PILOT CERTIFICATE NUMBER: \_\_\_\_\_

INSTRUMENT RATED: Y / N OTHER RATINGS: \_\_\_\_\_

WHAT TYPE AIRCRAFT HAVE YOU FLOWN? \_\_\_\_\_

MEDICAL CERTIFICATE CLASS: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

LAST FLIGHT REVIEW: \_\_\_\_\_ TYPE REVIEW: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ HOURS PIC: \_\_\_\_\_

HOURS LAST SIX MONTHS: \_\_\_\_\_ DATE OF LAST FLIGHT: \_\_\_\_\_

Has your driver's license ever been revoked or suspended?    Y / N

Have you been in any motor vehicle accidents in the past three years?    Y / N

Have you been issued any moving traffic violations in the past three years?    Y / N

Have you ever been arrested for operating a motor vehicle while under the influence of alcohol or drugs?    Y / N

Have you ever been in any aircraft accidents or incidents?    Y / N

Were you a PIC or C0-Pilot in any aircraft accidents or incidents?    Y / N

As PIC or C0-Pilot have you ever been charged or found guilty of violating a Federal Aviation Regulation?    Y / N

#### COMMITTEES ON WHICH YOU WOULD BE WILLING TO SERVE:

Legal/Insurance/Bylaws:\_\_\_\_\_ Technology:\_\_\_\_\_ Training/Safety:\_\_\_\_\_

Membership/Activities:\_\_\_\_\_ Financial:\_\_\_\_\_ Maintenance:\_\_\_\_\_

I understand that the Board of Directors and the membership of the Golden Corner Flying Club determine my acceptance in the Club. I hereby declare that the representations of fact contained in the foregoing application are true and correct. If I am accepted, I agree to adhere to the procedures, regulations and fees as outlined in the Club's constitution, by-laws, membership rules and decisions set forth by the Board of Directors of the Golden Corner Flying Club. I understand that the \$1,500.00 Refundable Deposit must be paid within thirty days of my acceptance into the Golden Corner Flying Club.

I understand that Aircraft Renter's Insurance is optional. I understand that Golden Corner Flying Club Member's are required to acknowledge their responsibility for the insurance deductible and up to \$5,000.00 in loss of use liability for Club Aircraft coverage in case of accident or incident.

APPLICANT SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

**Applicants must submit a fully completed application along with copies of your SC Drivers License, Pilot Certificate, Medical, most recent flight review, Color copy of your Passport and proof of renters insurance (if purchased) along with a check for \$250.00 membership fee made out to Golden Corner Flying Club LLC**

#### APPROVAL:

Board Member Signature:\_\_\_\_\_ DATE:\_\_\_\_\_

Board Member Signature:\_\_\_\_\_ DATE:\_\_\_\_\_

Board Member Signature:\_\_\_\_\_ DATE:\_\_\_\_\_

Board Member Signature:\_\_\_\_\_ DATE:\_\_\_\_\_

GOLDEN CORNER FLYING CLUB, OCONEE COUNTY REGIONAL AIRPORT  
365 AIRPORT ROAD, SENECA, S.C. 29678

NOTES:

# GOLDEN CORNER FLYING CLUB LLC

OCONEE COUNTY REGIONAL AIRPORT

365 AIRPORT ROAD

SENECA, S.C. 29678

## MEMBERSHIP APPLICATION COVER SHEET

MEMBER NAME: \_\_\_\_\_

Application Completed: Y    N                      Start Date of Membership: \_\_\_\_\_

Membership Fee: \$ \_\_\_\_\_                      Date Paid: \_\_\_\_\_

Refundable Deposit: \$ \_\_\_\_\_                      Date Paid: \_\_\_\_\_

Date Monthly Dues Begin: \_\_\_\_\_

Renter's Insurance: Y    N                      Company: \_\_\_\_\_

## COMMITTEES ASSIGNED:

Legal/Insurance/Bylaws: \_\_\_\_\_ Technology: \_\_\_\_\_ Training/Safety: \_\_\_\_\_

Membership/Activities: \_\_\_\_\_ Financial: \_\_\_\_\_ Maintenance: \_\_\_\_\_

## NOTES: