

The Society of Experimental Test Pilots P.O. Box 986, Lancaster, CA 93584 1-661-942-9574 Fax: 1-661-940-0398

SETP@SETP.org

www.setp.org

Application for Initial Membership or Upgrades

Initial Membership

Upgrade from Associate Member

Name:			
	Last	First	MI

PLEASE DO NOT WRITE IN THIS SPACE SETP OFFICE RECORD	Statement of Intent I hereby apply for membership in the Society of
Serial Number Received	Experimental Test Pilots. The information given on this application is true and correct to the best of my knowledge and belief. If selected for membership, I agree to conform to the Constitution and By-Laws of the Society.
M/C Report Grade	Signature: Date:

Organization:	
Military Rank:	Position/Title:
<i>If applicable</i>	

CONTACT INFORMATION					
	Business	Home			
Street Address					
City					
State					
Zip/Postal Code					
Country					
Phone					
Fax					
E-mail					
Do you want SETP mail sent to your business or home ? Do you want to participate in Electronic Billing and Voting? Yes No (Email notifications will be sent to your email address provided)					
	win se sene to your entail address prov				
Birthplace:	Date:	Citizen of:			
Are you a Test pilot school graduate as a pilot? Yes No					
Test Pilot School:		Date of Graduation:			

Please include a brief biography and a recent photo so that we might include you in Cockpit Magazine

PROFESSIONAL RECORD (Required for Member Applicants.)

1. Education

Higher Education	Name of School	Dates Attended	Degree/Major
College/Academy/University			
Other Professional Education			

2. Resume of your experience in aircraft design, flight research, flight test or similar organization.

Company	Position	Activity	Dates

3. Published technical papers/presentations/company or government test reports related to flight testing.

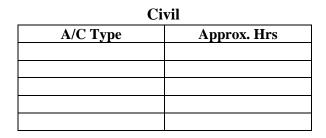
Title	Where Published	Date

4. FLIGHT TRAINING

Type of Flight Training	Where Obtained	Type Aircraft	Dates

5. FLIGHT EXPERIENCE

Military			
А/С Туре	Approx. Hrs		



6. Flight Testing Record

In sequence from most recent flight to oldest, describe all qualifying flight test experience for which you acted as PILOT or COPILOT of a test vehicle. See instructions defining qualifying experience. Be explicit as possible. Show sorties flown broken down by month and year. Use extra sheets if necessary.

Month/ Year	Number of Flights	Crew Position	Pilot Flying/ Not Flying	Aircraft	Description of Testing	Office Use Only
Are	you a flight	instructor a		ognized test pil] ot school? Yes No Signment or line of work?	
Pleas	se list 3 refe	rences: SET		r supervisors w	ho are familiar with your flight test experience	

3._____