



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	
Serial Number	_____
Received	_____
M/C Report	_____
Grade	_____

Statement of Intent
I hereby apply for membership in the Society of 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.
Signature: _____
Date: _____

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

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)

Birthplace:	Date:	Citizen of:
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Are you a Test pilot school graduate as a pilot? Yes No

Test Pilot School:	Date of Graduation:
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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

A/C Type	Approx. Hrs

Civil

A/C Type	Approx. Hrs

