



## The Society of Experimental Test Pilots

P.O. Box 986, Lancaster, CA 93584 1-661-942-9574 Fax: 1-661-940-0398

Email: [setp@setp.org](mailto:setp@setp.org) Web Site: [www.setp.org](http://www.setp.org)

### *Application for Initial Membership or Upgrade*

Initial Membership

Upgrade from Associate Member

Last Name:  First Name:  MI:

SETP OFFICE RECORD	
Please do not write in this space	
Serial Number:	<input type="text"/>
Received:	<input type="text"/>
M/C Report:	<input type="text"/>
Grade:	<input type="text"/>

STATEMENT OF INTENT	
<ol style="list-style-type: none"><li>1. I hereby apply for membership in the Society of Experimental Test Pilots.</li><li>2. The information given on this application is true and correct to the best of my knowledge and belief.</li><li>3. If selected for membership, I agree to conform to the Constitution, By-Laws, and Code of Ethics of the Society.</li></ol>	
Signature:	<input type="text"/>
Date:	<input type="text"/>

<b>Organization:</b>	
<b>Military Rank:</b> (if applicable)	<b>Position/Title:</b>

#### CONTACT INFORMATION

	Business	Home
Address Line 1:	<input type="text"/>	<input type="text"/>
Address Line 2:	<input type="text"/>	<input type="text"/>
City:	<input type="text"/>	<input type="text"/>
State/Province/Etc:	<input type="text"/>	<input type="text"/>
Zip/Postal Code:	<input type="text"/>	<input type="text"/>
Country:	<input type="text"/>	<input type="text"/>
Phone #:	<input type="text"/>	<input type="text"/>
Fax #:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>

Test pilot school graduate of a manned test pilot long course? (typically 11 months) Yes  No

Test Pilot School:  Graduation Date:

Are you actively engaged in flight test? Yes  No

Are you a flight instructor at an SETP recognized test pilot school? Yes  No

What duties and responsibilities describe your present assignment or line of work?

Birthplace:  Birthdate:

Citizenship:

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 the address you provided)

List at least 3 references:

SETP members/supervisors who are familiar with your professional flight test experience:

Name / Member Status / Position		Contact Information
1.		
2.		
3.		
4.		
5.		

Consider Including a brief biography and recent photo so that we might include you in *Cockpit Magazine*



**3. Significant Technical Papers/Presentations/Company or Government Reports Related to Flight Testing**

Title	Where Published	Date

**4. Flight Training**

Type	Organization	Aircraft Type	Dates

**5. Manned Flight Experience**

Military (up to five of significance)		Civilian (up to five of significance)	
Aircraft Type	Approximate Hours	Aircraft Type	Approximate Hours
All Others		All Others	
Total Hours		Total Hours	

















