



**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](mailto:SETP@SETP.org) [www.setp.org](http://www.setp.org)

*Application for Upgrading to Associate Fellow*

<b>Name:</b>			
	<b>Last</b>	<b>First</b>	<b>MI</b>

<b>PLEASE DO NOT WRITE IN THIS SPACE SETP OFFICE RECORD</b>	
Received	_____
M/C Report	_____
Grade	_____

Signature: _____
Date: _____

<b>Number of years as an experimental test pilot:</b>	
<b>Number of years closely associated (including years as a test pilot):</b>	

Address: _____	Phone: _____
_____	Email: _____

Please show below at least 5 years of experimental flight test experience and at least 10 years of closely associated time (5 or more of which can be experimental flight test):

<b>Year(s)</b>	<b>Aircraft Flown</b>	<b>Brief description of test flights or close association</b>

**Other pertinent information:**

**List Five SETP References; Note three or more should be Associate Fellows or Fellows**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_