



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 Web Site: 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:

Received:

M/C Report:

Grade:

STATEMENT OF INTENT

1. I hereby apply for membership in the Society of Experimental Test Pilots.
2. The information given on this application is true and correct to the best of my knowledge and belief.
3. If selected for membership, I agree to conform to the Constitution, By-Laws, and Code of Ethics of the Society.

Signature:

Date:

Organization:

Military Rank:

(if applicable)

Position/Title:

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
1.	
2.	
3.	
4.	
5.	

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

Professional Record (required)

1. Résumé of Experience in Aircraft Design, Flight Research, Flight Test or Similar Organizations

[illegible]

2. Higher Education (College, Academy, University or Other Professional Education)

[illegible]

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	

6. Manned Flight Test Experience

In sequence from most recent to oldest, describe all qualifying flight test experience for which you acted as PILOT or COPILOT / PILOT FLYING (PF) or PILOT NOT FLYING (PNF) of a test vehicle. See instructions for qualifying experience definition. Be explicit as possible. Show sorties flown broken down by month and year. Only group flights together that accomplished the same test objective in the same month. Do not include unmanned vehicle, simulator or chase sorties. **Use multiple rows to continue description if needed.**

Month Year	Number of Flights	Crew Position	PF / PNF	Aircraft	Description of Testing	Office Use

6a. Manned Flight Test Experience Continued

[illegible]

6b. Manned Flight Test Experience Continued

[illegible]

6c. Manned Flight Test Experience Continued

[illegible]

6d. Manned Flight Test Experience Continued

[illegible]

6e. Manned Flight Test Experience Continued

[illegible]

6f. Manned Flight Test Experience Continued

[illegible]

6g. Manned Flight Test Experience Continued

[illegible]