

Provisional Associate Membership

The Society of Experimental Test Pilots (SETP) Constitution provides a Provisional Associate Member category for pilots graduating from SETP-recognized schools where the course length must be no less than 10 months. This provisional category provides for a 3-year membership, which will allow you time to gain the experience requirements needed for Associate Member or Member status. Within that time, we are certain that you will meet the qualification criteria.

SETP Recognized Schools:

- Empire Test Pilot School
- U.S. Naval Test Pilot School
- U.S. Air Force Test Pilot School
- French Test Pilot School (EPNER)
- National Test Pilot School
- Indian Air Force Test Pilot School
- Brazilian Test Pilot School (EFEV – Esquadrao de Formacao em Ensaio em Voo)
- International Test Pilot School (ITPS)

Graduates of the above schools may be granted PROVISIONAL ASSOCIATE MEMBERSHIP for a period of up to three years from the date of graduation, after which the applicant must document qualifying experience in accordance with standard membership requirements in order to continue as a member of the Society.

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



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 Provisional Associate Membership

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 Provisional Associate Member 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, & 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"/>

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)

Birthplace: Birthdate: Citizenship:

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

Test Pilot School: Graduation Date: