

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 | 3 | | | MI: | |
|--|--|--|-----------------------------------|------------------|---|-------|---------|--|
| | | | | | | | | |
| SETP OFFICE RECORD | | | STATEMENT OF INTENT | | | | | |
| Please do not write in this space | | | 1 | annly for D | rovisional Associat | a Man | shar in | |
| | | | | | ovisional Associat imental Test Pilots | | iber in | |
| Corried Number of | | 2. The information given on this application is true and | | | | | | |
| Serial Number: | | correct to the best of my knowledge and belief. | | | | | | |
| Received: | | 3. If selected for membership, I agree to conform to the Constitution, By-Laws, & Code of Ethics of the Society. | | | | | | |
| M/C Rep | ort: | | Signature: | | | | | |
| Gra | ide: | | Date: | | | | | |
| Organization | ո։ | | | | | | | |
| Military Rank: (if applicable) | | Position/Title: | | | | | | |
| | | CONT | ACT INFORMAT | ION | | | | |
| | | | | | | | | |
| | | Business | | | Home | | | |
| Address | | Business | | | Home | | | |
| Address Address | Line 2: | | | | Home | | | |
| Address | Line 2: City: | | | | Home | | | |
| Address State/Province | Line 2: City: ce/Etc: | | | | Home | | | |
| Address State/Proving Zip/Posta | Line 2: City: ce/Etc: I Code: | | | | Home | | | |
| Address State/Proving Zip/Posta | City: ce/Etc: I Code: ountry: | | | | Home | | | |
| Address State/Proving Zip/Posta | City: ce/Etc: I Code: ountry: none #: | | | | Home | | | |
| Address State/Proving Zip/Posta | City: Ce/Etc: I Code: Duntry: none #: Fax #: | | | | Home | | | |
| Address State/Proving Zip/Posta Co | City: ce/Etc: I Code: cuntry: none #: Fax #: Email: | | | | Home | | | |
| Address State/Province Zip/Posta Co Ph | Line 2: City: ce/Etc: I Code: cuntry: none #: Fax #: Email: | ail sent to your business | or home | ? | | | | |
| Address State/Proving Zip/Posta Co Ph Do you want | Line 2: City: ce/Etc: I Code: country: none #: Fax #: Email: SETP m | | or home | ? es \(\) No | | | | |
| Address State/Proving Zip/Posta Co Ph Do you want | Line 2: City: ce/Etc: I Code: country: none #: Fax #: Email: SETP m | ail sent to your business cicipate in Electronic Billing awill be sent to the address you | or home | es No | | | | |
| Address State/Proving Zip/Posta Co Ph Do you want (Email notifi Birthplace: | City: ce/Etc: I Code: ountry: none #: Fax #: Email: SETP m to partications | ail sent to your business cicipate in Electronic Billing awill be sent to the address you | or home and Voting? You provided) | es No | itizenship: | No | • | |

Provisional Associate Membership

The Society of Experimental Test Pilots (SETP) constitution provides a Provisional Associate Member category for pilots graduating from SETP-recognized schools. 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 (11-month course)
- Indian Air Force Test Pilot School
- Brazilian Test Pilot School (EFEV Esquadrao de Formação em Ensaios em Voo)
- International Test Pilot School (ITPS) (11-month course)

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*