



**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 Initial Membership or Upgrades*

**Initial Membership**

**Upgrade from Associate Member**

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

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

<b>Statement of Intent</b>
I hereby apply for membership in the Society of Experimental Test Pilots.
The information given on this application is true and correct to the best of my knowledge and belief.
If selected for membership, I agree to conform to the Constitution and By-Laws of the Society.
Signature: _____
Date: _____

<b>Organization:</b>	
<b>Military Rank:</b> <i>If applicable</i>	<b>Position/Title:</b>

<b>CONTACT INFORMATION</b>		
	<b>Business</b>	<b>Home</b>
<b>Street Address</b>		
<b>City</b>		
<b>State</b>		
<b>Zip/Postal Code</b>		
<b>Country</b>		
<b>Phone</b>		
<b>Fax</b>		
<b>E-mail</b>		

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 your email address provided)

<b>Birthplace:</b>	<b>Date:</b>	<b>Citizen of:</b>
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Are you a test pilot school graduate of the manned test pilot course?  Yes  No

<b>Test Pilot School:</b>	<b>Date of Graduation:</b>
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Please include a brief biography and a recent photo so that we might include you in *Cockpit Magazine*

**PROFESSIONAL RECORD (Required for Member Applicants.)**

**1. Education**

Higher Education	Name of School	Dates Attended	Degree/Major
College/Academy/University			
Other Professional Education			

**2. Resume of your experience in aircraft design, flight research, flight test or similar organization.**

Company	Position	Activity	Dates

**3. Published technical papers/presentations/company or government test reports related to flight testing.**

Title	Where Published	Date

**4. FLIGHT TRAINING**

Type of Flight Training	Where Obtained	Type Aircraft	Dates

**5. FLIGHT EXPERIENCE**

**Military**

A/C Type	Approx. Hrs

**Civil**

A/C Type	Approx. Hrs

## 6. Flight Testing Record

In sequence from most recent flight to oldest, describe all qualifying flight test experience for which you acted as PILOT or COPILOT of a test vehicle. See instructions defining qualifying experience. Be explicit as possible. Show sorties flown broken down by month and year. Use extra sheets if necessary.

Month/Year	Number of Flights	Crew Position	Pilot Flying/ Not Flying	Aircraft	Description of Testing	Office Use Only

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?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list 3 references: SETP Members or supervisors who are familiar with your flight test experience:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

