



Society of Flight Test Engineers

Street Address:
44814 N. Elm Avenue
Lancaster, CA 93534 USA
sfte@sfte.org

APPLICATION FOR CORPORATE MEMBERSHIP

This Society is an association of engineers and corporations whose principal professional interest is the flight testing of aircraft. The objective of this Society is the advancement of flight test engineering throughout the aircraft industry by providing technical and fraternal communication, both domestic and international, in the allied fields of test operations, analysis, instrumentation, and data processing. The Corporate rates are dependent upon annual revenue as shown in the following table:

| Annual Corporate Revenue | SFTE Annual Membership Rate |
|--------------------------|-----------------------------|
| <\$1B | \$900 |
| \$1B - \$10B | \$1,500 |
| > \$10B | \$2,500 |

This form is an application for membership into the Society of Flight Test Engineers, Inc., as a Corporate Member.

CORPORATE INFORMATION

Date: _____

Name of Corporation: _____

Address: _____ City: _____

State/Country: _____ Zip code: _____

Primary Business: _____

(Manufacturing, Instrumentation, Data Systems, etc.)

Corporate Members are allowed a minimum of two management personnel or as many as 6 individual corporate affiliate members, depending upon annual corporate revenue. Although affiliate members do not have voting privileges, they receive all other rights and privileges accorded Society members in addition to which they receive all other member correspondence. Please furnish names and mailing addresses of selected corporate affiliates below. Checks should be made payable to and mailed to the Society of Flight Test Engineers, Inc., at the Post Office address above.

DESIGNATION OF AFFILIATE MEMBERS

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone No. (W) _____

Telephone No. (W) _____

Email Address _____

Email Address _____

Position _____

Position _____

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone No. (W) _____

Telephone No. (W) _____

Email Address _____

Email Address _____

Position _____

Position _____

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone No. (W) _____

Telephone No. (W) _____

Email Address _____

Email Address _____

Position _____

Position _____

POINT OF CONTACT/NEWSLETTER ADDRESS

Please enter information for the Point of Contact. NOTE: As of 1 July 1999, we went to an all-electronic version of our monthly newsletter that allows us to distribute it quickly, efficiently, and in color. This also allows us to expand the newsletter to include more information, such as technical papers from the International and European Symposiums. However, let us know if your company needs to have paper copies of the newsletter, and to whom the electronic (or paper) copies should be mailed by filling out the information below. Thank you.

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone No. (W) _____

Would you prefer the printed version? Yes _____ No _____
(Please check one)

PAYMENT INFORMATION

Method of payment: ... Amex ... Discover ... MasterCard ... VISA ... Check

Cardholder Name: _____

Card Number: _____ Expiration Date: _____

APPLYING ON-LINE

Secure, On-Line Internet application can be made at www.sfte.org (click on 'Corporate').