

**MEMBERSHIP APPLICATION FORM**

**[Fast Track Version]**

* Any person employed, involved, or otherwise interested in any aspect of Aerospace, Aeronautics or Astronautics, or even supplying unrelated services to that industry, may, as a first step, be admitted as AFFILIATE (AeSM) on completing this Form and paying the processing fee Rs 100 for AFFILIATE Grade.

* Council will subsequently determine, on basis of the data contained herein and, if necessary, any additional information it may need and received, whether that person is eligible to the STUDENT, GRADUATE, ASSOCIATE MEMBER, or MEMBER Grade or, if deemed appropriate, to invite him/her to join the FELLOW Grade.

* Acceptance of the above will imply agreeing to abide by the Society’s Rules and its Code of Ethics.

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| --- | --- | --- | --- |
| **Mr/ Mrs/Miss/ Dr/ Prof/ Assoc Prof/** [Cross out whichever NOT applicable]. | First Name:  Surname:  Any short form/nickname acceptable to you: | | |
| **Age (Last birthday)** Years: [ ] [DoB: ] | | Gender: Male [ ] Female[ ] | |
| **If still studying** (State which institution, Programme, F/t or P/T (Full time/Part-time), Course Duration | |  | |
| **Any National or other Honours / Awards**, viz Sir, GOSK, CSK, OSK, PDSM, Hon.Fellow. etc: | |  | |
| **Professional Membership** /Registration / title [Viz. CEng, PEng, FRAeS, FICE, MRAeS, FIET, MIMechE, etc, | |  | |
| **Your qualifications** & University [BSc, MSc, PhD, Diploma,  PPL, ATPL, L.A.M.E, etc. [For Pilots insert Instrument  Rating, Aircraft Type Rating, etc as appropriate] | |  | |
| **If Retired** state Date of Retirement, Last occupation & Organisation | |  | |
| **Your Fixed address** for postal communications | |  | |
| **Your Email address** for routine communications:  [Tel No: ] Other: | |  | |
| **Website** (your own/Organisation) | |  | |
| **ARE YOU EMPLOYED** [Enter any information that you consider relevant] | | Present Occupation: | |
| Organisation | Position/Occupation | | No of years |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| Date: | Your Signature | |  |

You may continue adding Career Details on the version of this page

|  |  |  |
| --- | --- | --- |
| Organisation | Position/Occupation | No of years |
|  |  |  |
|  |  |  |
|  |  |  |
| Date: | Your Signature |  |

# For MEMBERSHIP COMMITTEE USE

1. Approved for admission as AFFILIATE /STUDENT: ………………………………………………………………………………………………………

1. Information contained in this Form is sufficient for upgrading to the class of ……………………………………………………………

1. Additional Information & Evidence required for admission/upgrading to the class of ………………………………………………..

1. Other comments:

**Information/Evidence Required**: (i)

(ii)

(iii)

(iv)

**Date of Processing**

**Signature of Members**: (i)

(ii)

(iii)

………………………………………………………………………………………………………………………………………………………………………………………..

**REVIEW OF APPLICATION (**on receipt of Additional Information/Evidence sought and received**)**

**MEMBERSHIP COMMITTEE’s DECISION:**

Date: Signatures [1] [2] [3]

…………………………………………………………………………………………………………………………………………………………………………………………………

# COUNCIL’s DECISION

**APPROVED [ ]**

**NOT APPROVED [ ]**

**Reservations and or Observations…**………………………………………………………. ………………………………. …………………….. ……………..

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Date: Signature: [President ] [Secretary:

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[AeSM Fast Track Application Form 10 June 2019]