

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.

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

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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:
2. Information contained in this Form is sufficient for upgrading to the class of
3. Additional Information & Evidence required for admission/upgrading to the class of
4. Other comments:

- Information/Evidence Required:**
- (i)
 - (ii)
 - (iii)
 - (iv)

Date of Processing

AeSM Form 2 [020819] Application Form (Fast Track)

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.....

Date: Signature: [President] [Secretary:
