

MEMBERSHIP RENEWAL—TRIPOLI ROCKETRY ASSOCIATION

NAME		TRA NUMBER	
ADDRESS			
CITY	STATE	ZIP	COUNTRY
HOME PHONE		WORK PHONE	
UNLISTED PHONE		FAX	OTHER
EMAIL			
DATE OF BIRTH		OCCUPATION	

RENEWAL FEES—(NOTE: APPLICATION MUST BE SIGNED BELOW)

Senior (18 and older) \$60.00

Junior (Under 18) \$10.00

Student
(18-24 with student ID) \$10.00

Optional Donation \$_____ (Any amount would be appreciated)

Send all renewals with check or money order to:

Tripoli Rocketry Association
PO Box 87
Bellevue NE 68005-0087

You may also pay with a Debit Card or Credit Card.

If renewing with a card, you may FAX this application to (724)382-4080.

CARD NUMBER: _____ - _____ - _____ - _____ EXPIRATION DATE: ____ - ____

NOTE—THIS *MUST* BE SIGNED

I, the undersigned, understand that the Tripoli Rocketry Association, Inc. is not able to assume liability of any kind with regards to my activities or the activities of others. I agree to pursue my advanced rocketry activities in conformance with the Association's Bylaws and Safety Codes, and that I will be an active member of the Association to the best of my ability.

DATE _____ MEMBER SIGNATURE _____

GUARDIAN'S SIGNATURE (if under 21) _____