

NEW MEMBER APPLICATION – TRIPOLI ROCKETRY ASSOCIATION

NAME _____

ADDRESS _____

CITY STATE ZIP COUNTRY _____

HOME PHONE WORK PHONE _____

UNLISTED PHONE FAX OTHER _____

EMAIL _____

DATE OF BIRTH OCCUPATION _____

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

- Senior (18 and older) \$70.00
- Junior (Under 18) \$10.00
- Student \$10.00
(18-24 with student ID)

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

Send all applications 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 paying 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) _____

OPTIONAL LEVEL 1 CERTIFICATION

DATE CERTIFIED LOCATION _____

AUTHORIZING SIGNATURE TRA NO. CERTIFIED MOTOR USED _____