

# NEW MEMBER APPLICATION – TRIPOLI ROCKETRY ASSOCIATION

NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

HOME PHONE

WORK PHONE

UNLISTED PHONE

FAX

CELL

EMAIL

DATE OF BIRTH

OCCUPATION

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

Senior (18 and older)  \$70.00

Junior (Under 18)  \$30.00

NON-U.S.  \$70.00 (U.S. funds)

Student  \$30.00

(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