

MEMBERSHIP RENEWAL—TRIPOLI ROCKETRY ASSOCIATION

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

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

- Senior (18 and older) \$60.00
- Junior (Under 18) \$20.00
- NON-U.S. \$60.00 (U.S. funds)
- Student \$20.00
(18-24 with student ID)
- Optional Donation \$_____ (Any amount would be appreciated)
- Space Flown Card \$65.00 (This is an **additional charge**. You will receive a separate card which will come with a certificate of authenticity and will bear your name. \$15 from each card goes to the Erik Gates Scholarship Fund.)

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) _____