

Michiana Rocketry
MEMBERSHIP APPLICATION
PLEASE PRINT CLEARLY



Name _____ Date _____

Address _____

Telephone (_____) _____

Date of Birth _____ Don't have access to E-mail or website

E-Mail _____

PLEASE PRINT CLEARLY

Web site _____

TRA member? Yes No if yes, # _____

NAR member? Yes No if yes, # _____

Certification Level _____ Member other rocket groups? Yes No

Which Clubs? _____

Signed _____ Date _____

I hereby agree to all regulations, safety codes, and rules in effect at events by Tripoli Prefecture No. 78 (MichianaRocketry). This includes the regulations, safety codes and rules of Tripoli Michiana, Tripoli Rocketry Association and the National Rocketry Association (NAR). I also agree to hold harmless Tripoli Michiana, Tripoli Rocketry Association or NAR from any liability of group activity. This remains in effect until I submit a letter of resignation or my membership is allowed to lapse.

Membership extends from Jan 1 to Dec 31 Annual dues **\$20**

Checks payable to: **Michiana Rocketry** Print this form, fill out, and send to:

Wayne Dennis
Box 191
Pullman, MI 49450
269-236-6625
wmdennis@hughes.net

Comments _____