

# 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)           | <input type="checkbox"/> | \$70.00                                   |
| Junior (Under 18)               | <input type="checkbox"/> | \$10.00                                   |
| Student (18-24 with student ID) | <input type="checkbox"/> | \$20.00                                   |
| Optional Additional Donation    | <input type="checkbox"/> | \$_____ (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: \_\_\_\_\_ - \_\_\_\_\_

CARD C V V (security code) \_\_\_\_\_

## 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 regard 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 the applicant is under 21)	
_____	

## OPTIONAL LEVEL 1 CERTIFICATION

DATE CERTIFIED	LOCATION	
_____		
AUTHORIZING SIGNATURE	TRA NO.	CERTIFIED MOTOR USED
_____		