

Michiana Rocketry

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY



Membership Year _____ Date _____

Name _____ Date of Birth _____

Address _____

Telephone (_____) _____

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

E-Mail _____

PLEASEPRINTCLEARLY

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 _____

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

Membership extends from Jan 1 to Dec 31
Checks payable to: **Michiana Rocketry**

Annual dues **\$20**
Donation _____
Total _____

Print this form, fill out, and send to:

Larry Koskie
410 East Plymouth Ave.
Goshen, IN 46526

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