

MICHIANA ROCKETRY
MEMBERSHIP APPLICATION

Please Print Clearly



Membership Year 2017/2018 Date _____

Name _____

Address _____

Phone (_____) _____ Date of Birth _____

E-Mail _____

Website _____

TRA Member Yes No # _____ Expiration Date _____

NAR Member Yes No # _____ Expiration Date _____

Certification Level ____ Are you a member of other rocket groups Yes No

Which Clubs _____

I hereby agree to all regulations, safety codes, and rules in effect at events by Michiana Rocketry. This includes the regulations, safety codes, and rules of Michiana Rocketry, Tripoli Rocketry Association (TRA) and the National Association of Rocketry (NAR). And I also hold harmless Michiana Rocketry, all members, TRA, and NAR from any liability of group activity.

Signed _____

Membership extends from November 1st to October 31st of next year

We accept Cash or Make checks payable to **Michiana Rocketry**

Join/Pay at any club function

OR

Print this form,
fill out and send to:

John Olevich
2001 S. Blue Island Ave.
Chicago, IL 60608
Email: johnolevich@gmail.com

Annual Membership Dues \$20

Season Pass (Annual members HP flight fee) \$30

Circle the fee that applies

Total _____