

Tampa Bay Rocketry Association
The Tampa Area Organization of Non-Professional Rocketry
Prefecture 17 of Tripoli Rocketry Association, Inc.
Section 934 of the National Rocketry Association

Member Number: _____
TBRA USE ONLY

Annual Membership Application / Renewal

Last Name: _____ First Name: _____

Address: _____ City/State: _____ ZIP: _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Date of Birth: ____ / ____ / ____ Age: _____ E-Mail Address: _____
If under Eighteen E-Mail address is optional, and will be only used for TTRA notification

TRA Member: Yes / No TRA Number: _____ Expires: _____ Certification Level: _____

NAR Member: Yes / No NAR Number: _____ Expires: _____ Certification Level: _____

Annual Membership Fee: \$40.00 Youth* (17 & under): Free Family (2 or more) \$50.00

Membership fees will be pro-rated for **new members only** as follows:

Apr/May/Jun - Adult \$30.00 / Family \$40.00 Jul/Aug/Sep - \$20.00 / \$30.00

New members only joining during Oct/Nov/Dec will retain membership thru the following calendar year.

Membership fees help to cover administrative costs and field equipment.

Range fees cover the cost of maintaining the field.

Daily Range Fees: \$15.00 Family: \$20.00 Registered Groups: \$5 per participant

*There is no membership charge for children under 18 if they are the only fliers in the family. Range fees apply.

ADDITIONAL FAMILY MEMBERS

Name: _____ Age: _____ Date of Birth: ____ / ____ / ____
If under Eighteen

TRA Member: Yes / No TRA Number: _____ Expires: _____ Certification Level: _____

NAR Member: Yes / No NAR Number: _____ Expires: _____ Certification Level: _____

Name: _____ Age: _____ Date of Birth: ____ / ____ / ____
If under Eighteen

TRA Member: Yes / No TRA Number: _____ Expires: _____ Certification Level: _____

NAR Member: Yes / No NAR Number: _____ Expires: _____ Certification Level: _____

Name: _____ Age: _____ Date of Birth: ____ / ____ / ____
If under Eighteen

TRA Member: Yes / No TRA Number: _____ Expires: _____ Certification Level: _____

NAR Member: Yes / No NAR Number: _____ Expires: _____ Certification Level: _____

Date: ____ / ____ / ____ Signature of Primary Member: _____