

MEMBERSHIP RENEWAL – TRIPOLI ROCKETRY ASSOCIATION

NAME			TRA NUMBER
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"/>	\$60.00
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)