Indiana Rocketry Membership Application

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: ( )_____ E-mail: _____

TRA#: _____ NAR#: _____ Cert ☐ L1 ☐ L2 ☐ L3

Date of Birth: _____ / _____ / _____
MM DD YY

Liability Statement

I understand that Indiana Rocketry is not liable in regards to my personal rocketry activities. I agree to conduct my rocketry activities in conformance with the safety codes of Indiana Rocketry, and/or Tripoli Rocketry Association, Inc., and/or the National Association of Rocketry, as applies to my flying activities.

Signature: _____ Date: _____

Membership Options

☐ Adult Annual Member - $20.00

☐ Youth Annual Member - $10.00

Memberships run from January to January. New members joining in the month of October or later can join for the remainder of the year, plus the following year, for $25 ($12 for youths).

Send completed forms with payment made out to:
Richard Cash / 915 Wood St / Brookston, IN 47923