

Syracuse Rocket Club Membership Application

| (One Person) | • | Spouse and children under 18) |
|--|-------------------------------|---|
| Name | | |
| | | |
| Address | | |
| | | |
| City | State | Zip Code |
| | | |
| Phone Number | E-mail Address | |
| | | |
| Are you a NAR member? | If Yes, NAR Number | Are you a Tripoli member? |
| $\square Yes \square No$ | | □Yes □No |
| Are you Certified for High | If Yes, what level? | |
| Power? \Box Yes \Box No | $\Box 1$ -H/I $\Box 2$ -J/K/L | \Box 3-M/N/O |
| Are you under 18 years old? | If Yes, date of birth? | If Yes, Do your parents fly |
| $\square Yes \square No$ | | rockets? \(\subseteq Yes \) \(\subseteq No \) |
| If family membership, please list name of each member, relationship, and date of birth of | | |
| children under 18. | | |
| | | |
| | |) TTI : 1 |
| Do you want your phone number released to other members? This way members can get in touch for launches or questions. | | |
| $\Box Yes \Box No$ | | |
| I hereby agree to follow all club, NAR, federal, and local codes and laws. I agree that neither the club nor any member will be held responsible for any accidents. I also understand that an adult must | | |
| accompany anyone under 18 at cl | | |
| Member Signature | | Date |
| | | |
| Parent/Guardian Signature (If under 18) | | Date |
| | | |

If paying by check, please make check payable to: **James Shattell**Submit in person or mail to: **Syracuse Rocket Club c/o James Shattell, PO Box 12, Syracuse, NY 13206**