

Syracuse Rocket Club Membership Application

□Single Member- \$10 (One Person)	□Family Membership- \$15 (Includes Spouse and children under 18)	
Name		
Address		
City	State	Zip Code
Phone Number	E-mail Address	
Are you a NAR member? $\Box Yes \Box No$	If Yes, NAR Number	Are you a Tripoli member? □Yes □No
Are you Certified for High Power? \Box Yes \Box No	If Yes, what level? $\Box 1$ -H/I $\Box 2$ -J/K/L	□3-M/N/O
Are you under 18 years old? ☐Yes ☐No	If Yes, date of birth?	If Yes, Do your parents fly rockets? $\square Yes \square No$
If family membership, please list name of each member, relationship, and date of birth of children under 18.		
Do you want your phone number released to other members? This way members can get in touch for launches or questions. $ \Box Yes $		
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 club functions.		
Member Signature		Date
Parent/Guardian Signature (If under 18)		Date

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