



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? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, NAR Number? | Are you a Tripoli member? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you Certified for High Power? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, what level? <input type="checkbox"/> 1-H/I <input type="checkbox"/> 2-J/K/L <input type="checkbox"/> 3-M/N/O | |
| Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of birth? | If Yes, Do your parents fly rockets? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| I hereby agree to follow all club, NAR, federal, and local 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: **Richard Pitzeruse**
Submit in person or mail to: **217 E Kimberly Dr, Syracuse, NY 13219**