



Indiana Rocketry, Inc. Membership Application

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-Mail: _____

TRA #: _____ NAR #: _____ Certification Level: ☐ L0 ☐ L1 ☐ L2 ☐ L3

Date of Birth (mm/dd/yyyy): _____

Liability Statement

I understand and agree that Indiana Rocketry, Inc. is not liable with regard to my personal rocketry activities. Further, I agree to conduct my rocketry activities in accordance with and conforming to all safety codes of Indiana Rocketry, Inc., and/or Tripoli Rocketry Association, and/or the National Association of Rocketry as applicable to my rocketry activities. I also grant my permission to Indiana Rocketry, Inc. to use any photographs, videos, or other rocketry related images for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

SIGNATURE: _____ DATE: _____

Membership

- ☐ Youth Annual Membership (Under 18) -- \$ 5
- ☐ Adult Annual Membership -- \$ 35
- ☐ Adult 2-Year Membership (on or after July 1st) -- \$ 45

Memberships run from January 1st to December 31st. New members joining July 1st or later may join for the remainder of the current year plus the following year for an additional fee.

Send completed form with payment payable to:
Indiana Rocketry, Inc. – P.O. Box 5902, Lafayette, IN 47905