Quad Cities Rocket Society
Membership Application

Tripoli Quad Cities TRA #39
National Association of Rocketry Quad Cities NAR #678

Please complete this application and mail and address payment to:

Justin Farrand
836 Galleon Lane
Elk Grove Village, IL 60007

Personal Information:

Name: _____

Address: _____

City: _____ State:_____ ZIP CODE: _____

Home Phone: _____ Cell Phone (Voluntary): _____

E-Mail Address: _____

TRA #: _____ NAR # _____ Certification Level: _____

Membership:

Single Annual Membership: ☐ **$20.00**

Single Annual **RENEWAL**: ☐ **$20.00**

Liability Statement:

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

Signature: _____

Date: _____