MICHIGAN TEAM-1
MEMBERSHIP APPLICATION

Mail this form to: **Team-1 Membership**
c/o Jeff Bonem
6069 Foxwood Court
Saginaw, Michigan 48638

Dues are $30 per year, make checks payable to: Michigan Team-1

New_____ **Renewal**_____

Please print:

Name: _____ **TRA #** _____
(first – middle initial – last)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (home) _____ (cell) _____

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

Email Address: _____

Certified: **Yes** **No** (circle one) **Authority:** **TRA** **NAR** (circle one) **Level:** _____

I am applying for TRIPOLI Prefecture 9, (Michigan Team-1) membership status. I agree to all regulations, safety codes, rules and I am a member in good standing with the TRIPOLI ROCKETRY ASSOCIATION, INC. It is further understood that by my signature the purpose and objectives of our group is scientific and recreational.

I also agree to hold harmless TRIPOLI Prefecture 9, (Michigan TEAM-1) and TRIPOLI ROCKETRY ASSOCIATION, INC. from any liability of group activities. This will remain in effect until I submit a letter of resignation or my membership is allowed to lapse.

Signed: _____ **Date:** _____
(mm/dd/yyyy)

If you prefer that your contact information not be shown on the prefecture's web site, check here:_____

Adult/parent name and signature is required for applicants under eighteen years of age.

Adult/parent name (print) _____
(first – middle – last)

Adult/parent signature _____ Date: _____
(first – middle – last) (mm/dd/yyyy)