

# Membership Application

NSW Rocketry Association Inc.



(Adult to complete)

Tick the appropriate box:    New Member     Renewal

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Mailing address if different to above

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Contact details (provide at least one contact number)

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address: 1 \_\_\_\_\_

2 \_\_\_\_\_

**Payment rate (Tick one only):**

<input type="checkbox"/>	Senior (Includes spouse/partner, and all children under 18 years of age in their care)
<input type="checkbox"/>	Junior (1 individual under 18). Restricted to low power rocketry Name _____ Date of birth ____/____/_____

**Experience if new member**

Examples

Beginner	<input type="checkbox"/>	Never launched rockets, or only launched ready-to-fly rockets
Novice	<input type="checkbox"/>	Small number of launches, flown rockets made from kits
Experienced	<input type="checkbox"/>	Numerous launches of rockets made from kits or scratch-built

**Any current affiliation with other rocketry groups**    Certification Level \_\_\_\_\_

Name of group \_\_\_\_\_

**Declaration.** I declare the following to be true to the best of my knowledge:

- \* The information I have given is correct
- \* I understand that NSWRA is not able to assume liability of any kind with regards to my activities or the activities of others
- \* I have read, understand, and agree to conduct my rocketry activities, in conformance with NSWRA Policies and Procedures
- \* I am responsible for keeping up to date with NSWRA & government rules and policies
- \* I agree to NSWRA using my email address for correspondence
- \* I give my consent for any photos or videos taken at NSWRA events to be used by NSWRA:  Yes  No

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be over 18)

Office use: Membership number\* \_\_\_\_\_

Card issued

(\*DateMonthYear of application eg 220307)