

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

Signature of applicant: _____ Date: _____

(Must be over 18)

Office use: Membership number* _____

Card issued

(*DateMonthYear of application eg 220307)