

Membership Application

NSW Rocketry Association Inc.



Tick the appropriate box:

New Member

Renewal

Applicant Information.

Name _____

Address _____ Post code _____

Mailing address if different to above.

Address _____ Post code _____

Contact details. (we need at least one contact number, other details are optional)

Home phone. _____ Work Phone . _____ Mobile . _____

E-mail address. 1st _____ 2nd _____

Type of membership applied for:

Full	<input type="checkbox"/>	
Family	<input type="checkbox"/>	How many children. _____
Junior (under 18)*	<input type="checkbox"/>	Parent or legal guardian details Name _____ Signature _____ Date. _____ Relationship to junior applicant. _____
Student	<input type="checkbox"/>	Details of teaching institution Name _____ Address _____
Regional	<input type="checkbox"/>	

* Note: Junior membership is only required when parent or guardian does not have family membership

NSWRA Certification level if available. _____

Current affiliation with other rocketry groups

Name of other rocketry group. _____

Current certification level with other group. _____

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

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

* The information I have given is correct

* There is no legal impediment to my joining the NSWRA

* I have read and understand the current NSWRA policies and procedures

* I am responsible for keeping up to date with NSWRA & Government rules and policies.

Signature of applicant. _____ Date _____

Office use:- Membership number* _____ Card issued.

(*DateMonthYear of first application eg 220307)