

QCRS Membership Application

Personal Information

Name: _____

Address: _____

City: _____

Phone: _____

Email Address: _____

TRA# _____ NAR# _____ Certification Level: _____

Membership Type

New Membership

\$30.00

Renewal

\$30.00

Liability Statement

I understand 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 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: _____

Please make check payable to **Gary Kawabata**. Payments made out to QCRS will be returned.

Please mail payment to:

Gary Kawabata
4240 Shady Trail Ct. #206
Naperville, IL 60564