

## TRI-CITY SKY BUSTERS MEMBERSHIP APPLICATION

## Member Type

New Member	Renewal	Jr.	Member	Sr. Mem	ber
Member Information					
Last Name		First Nam	ne		MI
Address					
City		State	Pos	stal Code	
Home #	Work #		Mobil	e #	
E-mail		Web Site			
Rocketry Information					
NAR #	NAR Level	TRA #		TRA L	evel
NAR Expiration Date		TRA Ex	piration Date		
Do you have a LEUP? Yes No					
Signature				Date	
Club Use Only					
Dues Received	Received by:			Date	
NAR Information Checked		TRA In	formation Checke	ed	
New Member Sponsor					
Comments					