

SMASH/MMAR MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: (____) _____ MOBILE/HOME/WORK (CIRCLE ONE)

DOB: ____/____/____

NAR MEMBER? Y/N IF YES, NUMBER _____ CERT 1/2/3

TRA MEMBER? Y/N IF YES, NUMBER _____ CERT 1/2/3

I pledge to conduct my rocketry activities in compliance with SMASH/MMAR and NAR safety code(s), in addition to all local, state, and federal laws. I understand that willful violation of the safety code(s) is cause for rescission of membership in the club.

Membership fees: Single \$30 annually, family \$40 annually
18 and under, free

Signature: _____

(Applicant or Parent/Legal Guardian if under 18)

Make checks payable to SMASH/MMAR

Mail application and payment to:

Jay Calvert, 03400 22nd St., Otsego, MI 49078

(Membership is for the calendar year, Jan 1 to Dec 31)

