



# Muskegon Michigan Area Rocketry Membership Application

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Numbers (*please circle your preferred contact number*):

Home: \_\_\_\_\_

Work (optional): \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you belong to NAR? \_\_\_\_\_ If Yes, what is your NAR #? \_\_\_\_\_

Do you belong to TRA? \_\_\_\_\_ If Yes, what is your TRA #? \_\_\_\_\_

What is your Certification Level? (if applicable) \_\_\_\_\_

What range of motor classification do you normally launch? (e.g., A—H) \_\_\_\_\_

How would you be willing to help during a launch? Circle all that apply.

Set-Up                      LCO                      RSO                      Any

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

Signature: \_\_\_\_\_

**Membership fees: \$30/year for ages 18+                      \$5/year for age 17 and younger**  
**Make checks payable to: MMAR**

*Send form and Payment to MMAR c/o Matt Johnson, 1165 Otillia St SE, Grand Rapids MI 49607*

Questions? Call Rob Dickinson, MMAR President, at 616.350.2010