

# Sierra Madre Area Rocket Team

## MEMBERSHIP APPLICATION

Youth\* (5-9)     Junior (10-17)     Senior (18+)     Family\*\* (# of applicants: \_\_\_\_\_)  
\$5.00                      \$10.00                      \$20.00                      \$30.00

\*Youth members must be accompanied by an adult at all SMART activities.

\*\*Family membership is limited to 2 adults and their dependent children (minors).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of Emergency, please call: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: (Mo/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ # years of previous rocketry experience: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

### ADDITIONAL MEMBER(S) (For Family Membership only, attach additional forms if needed.)

Youth (5-9)     Junior (10-17)     Senior (18+)    Birthdate: (Mo/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

# years of previous rocketry experience: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth (5-9)     Junior (10-17)    Birthdate: (Mo/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

# years of previous rocketry experience: \_\_\_\_\_

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

Youth (5-9)     Junior (10-17)    Birthdate: (Mo/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

# years of previous rocketry experience: \_\_\_\_\_

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

### To be completed by S.M.A.R.T. Personnel:

Date application received: \_\_\_\_\_

Total dues paid: \_\_\_\_\_