

Washington Aerospace Club Membership Form

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Home Ph: _____ **Work Ph:** _____ **Cell Ph:** _____

Email: _____

NAR #: _____ **Cert. Level (circle one):** 1 2 3

Tripoli #: _____ **Cert. Level (circle one):** 1 2 3

Spouse: _____

Children: _____

Rocketry Interests (Scale, High-Power, Competition, Etc.):

Annual Membership Fee — \$40.00 per family per year. Please mail this completed application and a \$40 check made out to Washington Aerospace Club to:

Washington Aerospace Club
c/o Carl Hamilton
12933 193rd Court NE
Woodinville, WA 98077