

K.L.O.U.D.Busters Membership Application

Please complete this application and mail to:

KLOUDBusters Inc.
c/o Science Education Center
2730 Boulevard Plaza
Wichita, KS 67211-3812



Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

E-Mail: _____ DOB: _____

TRA #: _____ NAR #: _____ BATF Permit #: _____

Your Areas of Interest (Please Check all that Apply)

- | | | | | |
|--------------------------------------|--|--------------------------------------|--|---------------------------------------|
| Design: <input type="checkbox"/> | Altitude: <input type="checkbox"/> | Motors: <input type="checkbox"/> | High Power: <input type="checkbox"/> | Photography: <input type="checkbox"/> |
| Research: <input type="checkbox"/> | Computers: <input type="checkbox"/> | Electrical: <input type="checkbox"/> | Payloads: <input type="checkbox"/> | Writing: <input type="checkbox"/> |
| Mechanical: <input type="checkbox"/> | Construction: <input type="checkbox"/> | Tracking: <input type="checkbox"/> | Ground Support: <input type="checkbox"/> | Competition: <input type="checkbox"/> |

Membership Class (Check One)

Single Annual Membership:
\$15.00

Family Annual Membership:
\$20.00

Please Check if this is a renewal:

Liability Statement

I understand the K.L.O.U.D.Busters, Inc., and/or the Tripoli Rocketry Association, Inc., are not able to assume liability of any kind with regards to my activities or the activities of others. I agree to pursue my advanced rocketry activities in conformance with the by-laws and safety code of K.L.O.U.D.Busters and the Tripoli Rocketry Association and that I will be an active member of K.L.O.U.D.Busters to the best of my ability.

Signature

Signature: _____ Date: _____