



Membership Application for Educational Institutions

www.qldrocketry.com

Educational institution name: _____

Applicant Name(s): _____ Surname: _____

QRS Member Number (Renewals only): _____

- If this is a Renewal and there is no change of details, please skip to 'Application Type' -

Address: _____ Date of Birth: __/__/____ Gender: Male Female

Suburb: _____ Postcode: _____ Position: _____

Email: _____

Phone(A/H): _____ Phone(Work): _____ Mobile Phone: _____

Teacher Member(s): 1. Name: _____ Email: _____

(These will be listed on the card)

(Maximum of 3 names) 2. Name: _____ Email: _____

3. Name: _____ Email: _____

Application Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal		
Educational Member	Educational Institution Members receive all club benefits including access to information, invitations to club functions and active participation in rocket launching activities at QRS launch events. Please note: <ul style="list-style-type: none">Flying activities must be school relatedMembers wishing to fly high power rockets (generally H motors or greater) will also be required to attain the relevant AMRS HPR certification and explosives license.	<input type="checkbox"/> \$250
Payment Type: <input type="checkbox"/> Paypal <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Direct Deposit		

I, the under signed, understand that the *Queensland Rocketry Society Inc.* is not able to assume liability of any kind with regards to my activities or the activities of others. I have read, understand and agree to conduct my rocketry activities in conformance with the Association's Bylaws and Safety Code.

Name: _____ Signature: _____ Date: __/__/____

(Must be signed by an authority of the educational organisation eg. teacher, head of department, principal etc.)

Please make cheques payable to: **QLD Rocketry Society Inc.**

Paypal payments can be made to: **info@qldrocketry.com**

Direct deposit: Heritage Building Society, **QLD Rocketry Society Inc., BSB: 638 070, ACC: 1083 1797**

Please send completed applications (and payment if by cheque) to:

PO Box 1226, BROWNS PLAINS QLD 4118, Australia

Or scan and email applications to: info@qldrocketry.com

For Office Use Only – To Be Completed by QRS Committee Only			
PP / CHQ / CASH / DD / Other - \$	Date: __/__/____	Receipt No:	Pack/Card Sent: __/__/____