

# NAR SECTION CHARTER APPLICATION

Fill out and return to NAR Headquarters, PO Box 407, Marion, IA 52302

New:  Renewal:

SECTION NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

Abbreviated Name: \_\_\_\_\_ City and State: \_\_\_\_\_

Send materials to:  President  Advisor

<b>PRESIDENT:</b> _____	<b>ADVISOR:</b> _____
NAR #: _____	NAR #: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.: _____	Phone No.: _____
FAX No.: _____	FAX No.: _____
E-mail Address: _____	E-mail Address: _____

**PROMOTIONAL INFORMATION** that the NAR can provide to other modelers seeking a section in your area:

Meeting schedule & location: \_\_\_\_\_  
Launches (in general terms): \_\_\_\_\_  
E-mail address of a contact: \_\_\_\_\_  
Web Page URL: \_\_\_\_\_

## OPTIONAL SITE OWNER INSURANCE

**FEE: \$15.00 PER SITE**

Enter addresses of site owner and site. Attach sheet for additional sites, up to three total.

Owner: _____	Site: _____
_____	_____
_____	_____
_____	_____

**MEMBERS:** List name, NAR#, and class (JR, LR, or SR).

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

This is to certify that those persons listed above constitute the NAR membership of the Section named and that all are either members of the National Association of Rocketry or have applied for such membership. By payment hereby enclosed, it is understood that the Section shall be chartered by the NAR, as defined by NAR policy, and as such is entitled to all privileges and benefits. This application is considered a legal part of the NAR Section Charter Certificate. It is further understood that the Section shall operate in accordance with the NAR Safety Code and Bylaws as applicable; also, that additional members will be reported as soon as possible.

**ADVISOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

OFFICIAL USE ONLY	
NAR HQ	<input type="checkbox"/> ____/____/____
SAC HQ	<input type="checkbox"/> ____/____/____
WEBSITE	<input type="checkbox"/> ____/____/____

FEES		
<input type="checkbox"/> Basic Charter	\$25	<b>\$25.00</b>
____ Insured Sites	\$15/site	____
TOTAL ENCLOSED		____