



Membership Application

Make checks payable to: Team ROCKET Tri-Club

Mail to: Team ROCKET Tri-Club
103 Oakhurst Dr.
Madison, AL 35758

Name: _____

Street address: _____

cell phone: _____

email: _____

USAT # (if applicable): _____

Type of membership: Individual (\$25) Family (\$35)
...if family, please list names on family members participating.

