
U.S.S. THUNDERCHILD APPLICATION

(revised 2003)

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____

E-Mail Address: _____

Telephone: _____ Other Phone: _____

Thunderchild dues are as follows:

Non-StarFleet members

(defined as: not having membership to StarFleet International):

Individual-\$12.00

Family of 2-\$20.00 (\$2.00 for each addition member)

StarFleet Members (defined as: Having membership to StarFleet International)

Individual-\$10.00

Family-\$15.00 (regardless of size)

Make checks payable to U.S.S. Thunderchild

MEMBERSHIP CLASSIFICATION:

____ Officer

____ Enlisted

____ Associate

____ StarFleet

SCC- _____

PARENTAL CONSENT (required if under age 18):

I, _____, Parent/legal guardian
of _____

do hereby consent to his/her membership in the crew of the **U.S.S. THUNDERCHILD NCC-3122** and participation in activities conducted by this organization. I also agree Not to hold the **U.S.S. THUNDERCHILD** or StarFleet International responsible for Any personal injuries incurred during such participation.

Signature _____ Dated _____

If applying by mail Send Application to: USS Thunderchild 217 7th Ave Belle Fourche SD 57717