STAFF USE ONLY Membership Level:	Membership Application	Meet moving. Stay tools
CardID:	Salesp	erson:
CallSign:		
First Name:		MI:
ast Name:		
Address:		
City, State, Zip:		
Phone Number:		
Email Address:		
How often do you play/plan to pl	ay BattleTech at MechCorps?	
More then Once a week	Once a week Once a Month	Few Times a Year
Other If you chos	Drps BattleTech? Advertisement Just Decided to	ther', Please elaborate below.
By signing this agreement with MechC We are not responsible for any and all Radiation Poisioning, Coolant Burns, S You also agree that you will abide by a MechCorps and Track21 make no guar agreement is subject to change without	injuries incurred in or around the facil Shrapnel Injuries, Laser burns, and inju Ill rules, written and verbal, given out t rantees regarding the availibility of poo	ity, including but not limited to: uries resulting from translocation. by MechCorps or Track21 Staff.
Signature: If member is a minor, a parent/guard	dian must sign as well	_ Date: