



# IOWA PYROTECHNIC ASSOCIATION

## Membership Application

A not for profit fellowship founded in 1992 for the advancement of safety, skill and artistry in fire-works through communication and for their preservation in Iowa and throughout America.

**PRINT PLEASE**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Full Name of Spouse: (if Joint Membership) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Dues \$25.00 per year**

Check this box to receive your IPA Newsletter and other notices exclusively by E-Mail

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_

Emergency Contact (Name/Phone #) \_\_\_\_\_

Previous Pyrotechnic Experience: (none, some, lots) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail Application and Check Payable to the Iowa Pyrotechnic Assoc.  
  
IPA Treasurer  
P.O. Box 523  
Vinton IA 52349-0523

**DISCLAIMER:** By signing this form, registrants/signatories agree to indemnify and hold harmless Iowa Pyrotechnic Association and each of its members, directors, successors, property owners, and site hosts; from and against all claims, damage, injuries, or consequences arising out of any direct and/or indirect or collateral participation in activities associated with Iowa Pyrotechnic Association including displays, demonstrations, seminar attendance, hands on training, education materials, (including all processes and products covered in such displays, demonstrations, seminar attendance, hands on training, education materials) and any other activities by the undersigned persons. The registrant agrees that this assumption of risk applies to any minors under their guardianship. The registrant, understands that pyrotechnic material is and will be used at the IPA meeting and that a risk is associated with the use of pyrotechnic material, whether or not, the pyrotechnic material is handled in an appropriate manner and all safety rules and guidelines are followed. **I also certify my age as 18 or over.**

Signature: \_\_\_\_\_ Date: (mm/dd/yy)      /      /

Spouses Signature: \_\_\_\_\_ Date: (mm/dd/yy)      /      /