



Application for Membership Registration

UNITED STATES POWERLIFTING FEDERATION

Renewal Y/N Member # _____ Expiration Date _____

Name _____ DOB _____ Sex M/F

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Email _____ Phone # (opt) _____

U.S. Citizen Y/N Country (if answered "NO") _____

Current Referee Status: ___ST ___NAT ___INT ___N/A

Registration fee is \$30 and non-refundable. There is an extra fee for online or credit card payments.

Special \$15 Rate for the following:

___ High School* ___ College (age 23 and under)*

**Current school ID or proof of registration is required.*

___ Special Olympian

___ Non Competitor Referee (fee is optional)

___ Non Competitor State Chair or EC Member (fee is optional)

Make checks payable to and mail to: USPF

P.O. Box 1148

Tombstone, AZ 85638

Any USPF sanctioned contest may be drug tested at the discretion of the meet director. In recognition of the need for drug-usage detection, I agree to submit to any testing procedures and/or submit results deemed appropriate by the USPF or its agents and shall accept the results and consequences of such tests. I also agree to the policies and Rules & Bylaws of the USPF.

Signature of Applicant _____ Date _____

Parent or Legal Guardian's Signature (if Applicant is under 18) _____

Card Issued by _____