



Application for Membership Registration
UNITED STATES POWERLIFTING FEDERATION



Renewal Y/N Member # _____ Expiration Date _____

Do you want an actual USPF Membership Card mailed to you or just an email verification? _____

Name _____ DOB _____ Sex M/F

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Email _____ Phone # (opt) _____

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

Current USPF Referee Status: _____ N/A

_____ ST _____ NAT CLASS II _____ NAT CLASS I _____ SWP _____ INT/SWP

Registration fee is \$30 and non-refundable. *Payments can also be made online.*

Special \$15 Rate for the following:

_____ Preteen (ages 9-12)* _____ High School* _____ College (age 23 & under)*

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

_____ Special Olympian

_____ Referee (fee is optional)

_____ State/National Coordinator/Chair (fee is optional)

_____ Board of Director Member (fee is optional)

_____ Other Officials (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 _____

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

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