



## 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 \$40 and non-refundable. *Payments can also be made online.*

Special \$20 Rate for the following:

\_\_\_\_\_ Ages 9-19 years of age\*

*\*Current school ID or other documentation of proof is required.*

\_\_\_\_\_ Special Olympian

\_\_\_\_\_ USPF Official/Referee (fee is optional)

\_\_\_\_\_ USPF State/National Coordinator/Chair (fee is optional)

\_\_\_\_\_ Board of Director 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 \_\_\_\_\_

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

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