

Elite Powerlifting Federation

Mail To:
Elite Powerlifting Federation
P.O. Box 139
Keene NH, 03431



Online Form

Membership

Date Of Application: _____ Year: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code: _____ Tele: _____ Cell Phone: _____

Email: _____

Age: _____ D.O.B: _____ / _____ / _____ Sex: _____ US Citizen: _____

Print Full Name: _____

Signature: _____

Print Name: _____ Signature: _____

Parent or Guardian if under 18

Registration Fee: \$15 Make check payable to Elite Powerlifting Federation

******* Your membership will expire one year from the date of application. *******

Office Use Only

Authorization Signature: _____ Date: _____

Card # _____ New Renew Expiration Date: _____

Your Membership card will be mailed to you immediately after we receive payment

The Lifter is responsible for renewing membership. You MUST present your membership card at every sanctioned event or record attempt prior to weighing in. If you do not have your card with you, you must purchase another.