

Mail To: Elite Powerlifting Federation 1 Almond Drive, Johnston, RI 02919

| | | | |
|-----------------|---|------------------|-------------------------------|
| Date: _____ | Year: _____ | Full Name: _____ | Please Print Clear and Large |
| Address: _____ | | | Male/Female: _____ |
| City: _____ | State: _____ | Zip code: _____ | Phone#: _____ |
| Email: _____ | | Age: _____ | D.O.B _____ |
| Signature _____ | Parent/Guardian if "under" 18 years old | | Print name if Parent/Guardian |

 **You must present your card at every EPF sanctioned contest** 

*****We have the right to revoke your membership at anytime. Their are no refunds*****

Yearly Registration Fee: Basic - \$15 / High School \$10 Make check payable to E. P. F.

Please print, complete and mail your payment to:

Elite Powerlifting Federation

1 Almond Drive

Johnston, RI 02919