



United Powerlifting Association

### Membership Application

(Please Print Clearly - Complete all fields)

Last Name	First Name	Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area Code	Telephone #	Date of Birth	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address

Membership Number - Office Use

Membership fee - \$30.00 adults  
 Membership fee - \$15.00 teenage (18 and under)

Please fill out form completely, make check payable to United Powerlifting Association

Mail to:  
 U.P.A. Headquarters  
 4423 Gaffney Ct.  
 Columbus, Ohio 43224  
 (614) 335-5181  
[www.unitedpowerliftingassociation.com](http://www.unitedpowerliftingassociation.com)

I certify that the above information is correct and that I am eligible in the accordance with the rules of the U.P.A.

If under 18 have parent initial here



Signature

Date of Application

