

Mail TO: DSI PO BOX 13541 PITTSBURG, PA 15243

LAST NAME	FIRST NAME	INITIAL
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STREET ADDRESS	SOCIAL SECURITY #
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CITY	STATE	ZIP CODE
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E-MAIL ADDRESS: _____

AREA CODE	TELEPHONE #	DATE OF BIRTH	MALE/FEMALE	U.S. CITIZEN	MEMBER LAST YEAR
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AREA CODE: [][][] - [][][][][][][][][] TELEPHONE #: [][][][][][][][][] DATE OF BIRTH: [][][][][][][][] MALE/FEMALE: [][] U.S. CITIZEN: YES [] NO [] MEMBER LAST YEAR: YES [] NO []

DATE OF APPLICATION

FITNESS COMPETITORS CHECK HERE <input type="checkbox"/>	WHEELCHAIR COMPETITORS CHECK HERE <input type="checkbox"/>
FIGURE COMPETITORS CHECK HERE <input type="checkbox"/>	BODYBUILDING COMPETITORS CHECK HERE <input type="checkbox"/>

REGISTRATION FEE
\$80.00

MAKE CHECK PAYABLE TO: NATIONAL PHYSIQUE COMMITTEE

IF UNDER 18, HAVE PARENTS INITIAL	I CERTIFY THAT THE ABOVE ANSWERS ARE CORRECT AND THAT I AM ELIGIBLE IN ACCORDANCE WITH THE RULES OF THE NATIONAL PHYSIQUE COMMITTEE	SIGNATURE X _____
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