



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: \_\_\_\_\_

-			<table border="1" style="font-size: 8px;"> <tr><td>YES</td><td>NO</td></tr> <tr><td> </td><td> </td></tr> </table>	YES	NO			<table border="1" style="font-size: 8px;"> <tr><td>YES</td><td>NO</td></tr> <tr><td> </td><td> </td></tr> </table>	YES	NO		
YES	NO											
YES	NO											
AREA CODE	TELEPHONE #	DATE OF BIRTH	MALE/FEMALE	U.S. CITIZEN	MEMBER LAST YEAR							

DATE OF APPLICATION 
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FITNESS COMPETITORS CHECK HERE <input type="checkbox"/>	BODYBUILDING COMPETITORS CHECK HERE <input type="checkbox"/>
FIGURE COMPETITORS CHECK HERE <input type="checkbox"/>	BIKINI COMPETITORS CHECK HERE <input type="checkbox"/>
WHEELCHAIR COMPETITORS CHECK HERE <input type="checkbox"/>	

REGISTRATION FEE <b>\$90.00</b>
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**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 <b>X</b> _____
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**ENCLOSE CHECK IN THIS ENVELOPE SEAL AND MAIL.  
YOUR MEMBERSHIP EXPIRES ON DECEMBER 31, 2010**