

LAST NAME	FIRST NAME	INITIAL
-----------	------------	---------

STREET ADDRESS

OFFICE USE ONLY

CITY

STATE

ZIP CODE

E-MAIL ADDRESS:

AREA CODE

TELEPHONE #

DATE OF BIRTH

MALE/FEMALE

YES	NO

AREA CODE

TELEPHONE #

DATE OF BIRTH

MALE/FEMALE

U.S. CITIZEN

MEMBER LAST YEAR

DATE OF APPLICATION

FIGURE CHECK HERE

FITNESS CHECK HERE

WHEELCHAIR CHECK HERE

BIKINI CHECK HERE

BODYBUILDING CHECK HERE

MALE PHYSIQUE CHECK HERE

WOMEN'S PHYSIQUE CHECK HERE

REGISTRATION FEE
\$100.00

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 _____

ENCLOSE CHECK IN THIS ENVELOPE SEAL AND MAIL.

YOUR MEMBERSHIP EXPIRES ON DECEMBER 31, 2012

Mail TO: DSI PO BOX 13541 PITTSBURGH, PA 15243