



Application for IPA Registration

Last Name

First

Initial

Street Address

City

State or Providence

Zip Code

Country

Telephone

Email Address

Date of Birth: _____

Age _____ Sex _____

Pro _____ Am _____

Sign if above answers are correct. *Parents sign if under 18 years.*

Date

ANNUAL REGISTRATION FEE: \$50

PAYMENT CHOICE: Check PayPal



Make Checks and Money Orders to: International Powerlifting Association
Mail to: IPA, c/o Fred Fischer, FFS, Inc., 4431 North Front St., Suite 105, Harrisburg, PA 17110.
ffischer@fischerfinancialservices.com

IPA, C/O FISCHER FINANCIAL SERVICES, INC.,
4431 NORTH FRONT ST., SUITE 105, HARRISBURG, PA 17110
PHONE: 717-495-0024 •
EMAIL: IPAPOWER2@GMAIL.COM
WWW.IPAPOWER.COM