



# Application for IPA Registration

## Application for Registration

*Office use only, do not complete*

_____	_____	_____	_____	_____	_____
Last Name	First	Initial	New Member	Renewal	Exp. Date

_____	_____
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

**Registration Fee:    Adult    \$30    ~    High School and Special Olympics    \$25**

**Payment is accepted in the form of cash or money order. Payment can be made to your state chairman.  
 Payment can be mailed to: IPA, c/o Mark Chaillet, 190 Arsenal Rd., York, PA 17404**