



Application for IPA 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 _____ Elite Am _____

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

Date

Registration Fee:

Adult \$30

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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 or can be mailed to: IPA, c/o Mark Chaillet, 190 Arsenal Rd., York, PA 17404. www.ipapower.com.