Application for IPA Registration

ONE-DAY MEMBERSHIP APPLICATION
NON-U.S. ATHLETES ONLY
(As a member of the IPA you will be able to set or break IPA World Records)

_____ _____ _____
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

SINGLE EVENT MEMBERSHIP FEE: **Adult $10 USD** **Teens $10 USD**

PAYMENT CHOICE: ❑Check ❑ Money Order ❑ Credit Card ❑VISA ❑ MasterCard

Cardholder Name: _____ Card Number: _____

Cardholder Street Address: _____

City: _____ State: _____ Zip: _____

Exp. Month/Year: _____ 3-Digit CVC2 Security Number: _____

Make Checks and Money Orders to: Mark Chaillet *(IPA Chairman & CEO)*
Mail to: IPA, c/o Mark Chaillet, 190 Arsenal Rd., York, PA 17404

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