



505 Westgate Drive, Aurora, IL 60506
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www.worldpowerliftingcongress.com

APF-AAPF Membership Application (on-line registration)

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail address: _____

Date of Birth: _____

Age: _____

Sex: _____

US Citizen: _____

Registration: APF \$30 ____ or AAPF \$30 ____ or Both \$40 ____

Date of Application: _____