



Office Use Only

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MEMBERSHIP FORM (ALL FIELDS MANDATORY)

First Name: _____ Last Name: _____

Phone (Daytime): (____) _____ Phone (Nighttime): (____) _____

Address: _____

City: _____ Province/State: _____ Email Address _____

Postal Code: _____ Country: _____ Date of Birth (mm/dd/yr): ____/____/____

Drug testing screening methods used at NPAA events are a means to determine eligibility and/or disqualification. If competitors cannot successfully pass any screening methods used, they may not be allowed to compete if determined prior to the event (Ex. Polygraph test), or will be disqualified and be removed from official results if determined after an event (Ex. Urine test). Competitors cannot have used any substances indicated as being banned for NPAA competitions (complete list of banned substances is posted on NPAA Website). Competitors are ultimately responsible for substances they take. If urine test results come back positive for any banned substance, competitors are disqualified regardless of what may have been responsible for the positive result. NPAA athletes may be subject to out of contest (spot) drug testing throughout the year. Membership and registration fees are non-refundable and memberships expire on the first day of the twelfth month after purchase date (i.e. Membership purchased in May of current year will expire May 1st of the following year).

By signing this document, I agree to abide by the decision of the NPAA, and/or contest promoters concerning my participation in a NPAA-sanctioned contest pending the results of any form of testing used to detect use of banned substances with NPAA. I understand that the administrator or laboratory utilized for substance screenings is the choice of NPAA and/or the promoters, and agree to accept the results of said testing, whatever they may be. I hereby waive and release any claims or demands against the NPAA, its representatives, sponsors and promoters that may arise out of my participation in a NPAA-sanctioned event or my membership in the NPAA.

I hereby intend to be legally bound for myself, my heirs, executors and administrators, and waive and release any and all rights and claims for damages I may have against the facility owners, NPAA, affiliated federations/associations/organizations, the promoters, and any sponsors, agents, or representatives for any injuries suffered by me as a result of my participation and/or losses suffered by me as a result of my participation and/or attendance at any NPAA sanctioned contest/workshop/event.

I have read, understand, and agree to all terms included in this document:

Print Name: _____

Signature: _____ Date: _____

Annual Membership Fee: \$73.50 (GST Included).
Mail To: NPAA, 260, 607 – 8TH Avenue SW Calgary, AB T2P-0A7
Or Fax To: 1(403)265-8039

METHOD OF PAYMENT (PROVIDE CHECK MARK NEXT TO ONE)

- Online Payment (Paypal or Credit Card):** <http://www.npaa.ca/membership/>
- Credit Card:** Card Type _____ Card # _____ Expiry (MM/YR) _____
Security Code _____
- Money Order (No Personal Cheques):** Payable to Natural Physique & Athletics Association