

<u>Office</u>	<u>: Use Only</u>	
Member Numb	er:	
Expires:		
Processed	☐ Pending	

First Name: Last Name:	Phone (Daytime): (MEMBERSHIP FORM (ALL F	FIELDS MANDATORY)	
Address:	Address:	First Name:	Last	Name:	
Postal Code: Country: Date of Birth (mm/dd/yr):/	Postal Code: Country: Date of Birth (mm/dd/yr):/	Phone (Daytime): () Phone	(Nighttime): ()	
Postal Code:	Postal Code:	Address:			
ug testing screening methods used at NPAA events are a means to determine eligibility and/or disqualification. If competitors cannot accessfully pass any screening methods used, they may not be allowed to compete if determined prior to the event (Ex. Polygraph test), or disqualified and be removed from official results if determined after an event (Ex. Urine test). Competitors cannot have used any substanticated as being banned for NPAA competitions (complete list of banned substances is posted on NPAA Website). Competitors are ultimat ponsible for substances they take. If urine test results come back positive for any banned substance, competitors are disqualified regardle what may have been responsible for the positive result. NPAA athletes may be subject to out of contest (spot) drug testing throughout the arr. Membership and registration fees are non-refundable and memberships expire on the first day of the twelfth month after purchase decay. Membership purchased in May of current year will expire May 1 st of the following year). **Signing this document, I agree to abide by the decision of the NPAA, and/or contest promoters concerning my participation in a NPAA-nctioned contest pending the results of any form of testing used to detect use of banned substances with NPAA. I understand that the ministrator or laboratory utilized for substance screenings is the choice of NPAA and/or the promoters, and agree to accept the results of detesting, whatever they may be. I hereby waive and release any claims or demands against the NPAA, its representatives, sponsors and comoters that may arise out of my participation in a NPAA-sanctioned event or my membership in the NPAA. **ereby intend to be legally bound for myself, my heirs, executors and administrators, and waive and release any and all rights and claims for mages I may have against the facility owners, NPAA, affiliated federations/associations/organizations, the promoters, and any sponsors, ents, or representatives for any injuries suffered by me as a result o	ug testing screening methods used at NPAA events are a means to determine eligibility and/or disqualification. If competitors cannot accessfully pass any screening methods used, they may not be allowed to compete if determined prior to the event (Ex. Polygraph test), or disqualified and be removed from official results if determined after an event (Ex. Urine test). Competitors cannot have used any substanticated as being banned for NPAA competitions (complete list of banned substances is posted on NPAA Website). Competitors are ultimat ponsible for substances they take. If urine test results come back positive for any banned substance, competitors are disqualified regardle what may have been responsible for the positive result. NPAA athletes may be subject to out of contest (spot) drug testing throughout the arr. Membership and registration fees are non-refundable and memberships expire on the first day of the twelfth month after purchase decay. Membership purchased in May of current year will expire May 1 st of the following year). **Signing this document, I agree to abide by the decision of the NPAA, and/or contest promoters concerning my participation in a NPAA-nctioned contest pending the results of any form of testing used to detect use of banned substances with NPAA. I understand that the ministrator or laboratory utilized for substance screenings is the choice of NPAA and/or the promoters, and agree to accept the results of detesting, whatever they may be. I hereby waive and release any claims or demands against the NPAA, its representatives, sponsors and comoters that may arise out of my participation in a NPAA-sanctioned event or my membership in the NPAA. **ereby intend to be legally bound for myself, my heirs, executors and administrators, and waive and release any and all rights and claims for mages I may have against the facility owners, NPAA, affiliated federations/associations/organizations, the promoters, and any sponsors, ents, or representatives for any injuries suffered by me as a result o	City:	Province/State:	_Email Address	
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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