



Membership Application

LAST NAME: _____ FIRST NAME: _____ INT. _____

STREET ADDRESS: _____

CITY / COUNTRY / POSTAL CODE: _____

AREA CODE / TELEPHONE: _____ DATE OF BIRTH: ____/____/____

AGE: _____ SEX: _____ E-MAIL ADDRESS: _____

REGISTRATION FEE

\$30 Adults

\$15 Ages 19 & Under

MAKE CHECK PAYABLE TO: **100% RAW**
139 MARLAS WAY, CAMDEN, NC 27921

NOTE: Your 100% RAW Membership Will Expire
One Year from the Date of Application.

LIFTERS SIGNATURE: _____
PARENTS SIGNATURE IF UNDER 18 YRS. OLD

DATE OF APPLICATION: _____ *(This Will Be Your Renewal Date)*

By signing this application I agree to submit or give permission for my son/daughter to submit to any drug testing procedures during or after a competition by Officials of 100% RAW. I hereby also agree to accept The results of such testing and will not challenge the results in anyway. I further agree that I will not sue the 100% RAW Powerlifting Federation for injuries that may occur during competition or while traveling to or from a competition. I do realize that Powerlifting is a dangerous sport and by signing this membership application, I have chosen to compete in Powerlifting at my own risk.

www.rawpowerlifting.com

New: _____

Renew: _____ Card # _____ Official: _____ Lifter: _____