

We welcome you, and invite you to join our world-wide association. Please fill out the following membership application and remit it with payment.

\$50 Adult Annual Fee
\$30 Youth/Special Olympian Annual Fee (Ages 12-19)

Mail Payment and Application to:
World Association of Bench Pressers and Dead Lifters (WABDL)
P.O. Box 27499, Golden Valley, MN 55427

You will receive your membership card within three to four weeks.

WABDL Membership Application

If you already have a membership please fill out your membership ID number found on a previous membership card, if you are unsure or are not yet a member please complete the **entire** application. Please remember that your email address is required.

Last name:	First name:	Gender:	Phone number:
		NEW	MALE
		RENEWAL	FEMALE

Mailing Address:	Apt Num:	City	State	Zip

Membership ID Number:
 (Leave Blank if unknown or new member)

Note: All WABDL-sanctioned meets will be subject to drug testing. In recognizing the need for drug usage detection, I agree to submit to any testing procedures deemed appropriate by WABDL or its agents and shall accept the results and consequences of such tests.

Today's Date:	Signature:

Birthdate:	Please print name:

Email Address: