

**AMATEUR ATHLETES**

**\$65.00**

Last Name:

First Name:

MI:

Address:

Male

Female

City:

State:

Zip:

E-Mail:

Facebook:

Telephone #:

Date of Birth:

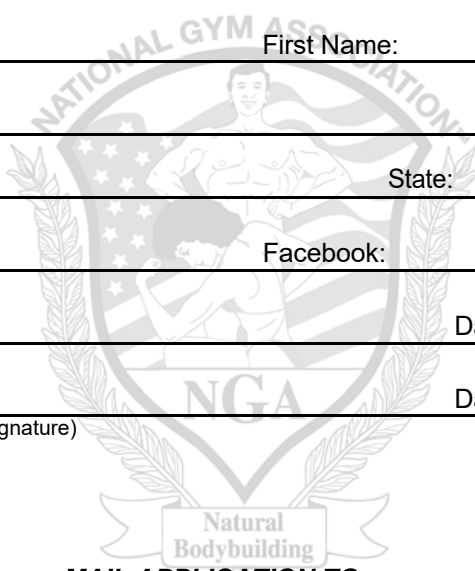
Signature:

Date:

(If under 18, parent's signature)

Cash Payment - \$65.00

Check/MO payable to NGA



**MAIL APPLICATION TO:**

*The National Gym Association, Inc.*

*PO Box 970579*

*Coconut Creek, FL 33097-0579*

**FOR EXPRESS PROCESSING**

**FAX: (954) 344-8412**

**Or enroll on line at: [www.nationalgym.com](http://www.nationalgym.com)**

**[nga@nationalgym.com](mailto:nga@nationalgym.com)**

***Membership will expire the following year prior to the month that you enrolled.***