

Not an ADFPF member? Join Now and Invite Friends

Conditions of Membership: As a condition of ADFPF membership, I commit to obeying all ADFPF rules, policies, drug testing requirements and procedures. Additionally I agree to unannounced out-of-Competition and target drug testing. I understand that rules, regulations and drug testing procedures are at times subject to change and as a condition of continued membership; I agree to obey all such changes. I will voluntarily submit to any ADFPF and/or WDFPF drug testing procedures as stated in their rules. I understand that my ADFPF membership may be revoked, temporarily or permanently suspended and/or denied for my failure to obey ADFPF/WDFPF rules, regulations and/or drug testing procedures. If I do test positive for a banned substance, I agree that the results of the test are conclusive, and I further agree to accept the consequences of the positive test regarding my membership.

As a condition to ADFPF membership, I understand and accept that I am prohibited from using any substances or doping method banned by the ADFPF/WDFPF. I accept sole responsibility for what I take into my body and should I consume a banned substance unknowingly and test positive for that banned substance, I shall be solely responsible for consumption of that banned substance and shall accept the results and consequences of that test.

If I am suspended from membership for any reason, including testing positive for a banned substance or doping method, I permit the ADFPF & the WDFPF to publish my name as a suspended member and/or a member who is suspended for testing positive for a banned substance or doping method on the internet, in Powerlifting USA, in RAW POWER, or any other publication that the ADFPF & WDFPF so choose.

Signature: _____

If under 21 yrs. Parent initial: ____ Date: _____

Name: _____

Phone: (____) _____

Address: _____

City: _____

State: _____

Zip Code: _____

Date of Birth: ____ __ ____ Gender: ____ U.S. Citizen? ____

Email: _____

Prior Registration no: _____

ADFPF Registered Club Member: _____

Referee Ranks & Organizations: _____

Active ADFPF Membership fee \$20.00: Paid via (CIRCLE ONE): Cash Check Money Order

Mail to: ADFPF, 27 ELMO DR., MACOMB, IL; 61455

**Card expires on Dec. 31 of the year it was purchased.
You may copy this page and share with other lifters**