



INTERNATIONAL NATURAL BODYBUILDING & FITNESS



A Non-Profit (501-c3) Amateur Affiliate of the WNBF, Inc.

INBF MEMBERSHIP APPLICATION

Check One: New Member: _____ Renewal: _____ Card #: _____

PLEASE PRINT:

NAME: _____ Day: _____
PHONE: Night: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ DOB: _____

MEMBERSHIP FEE: \$40 – U.S. Currency Only. PAYMENT MUST BE MADE VIA CERTIFIED CHECK, MONEY ORDER OR CREDIT CARD ONLY! (No Personal Checks Accepted.)
Foreign (Non-U.S.) Membership Is \$50 U.S. – PAYABLE BY CREDIT CARD ONLY.

Membership includes Free 4-issue Subscription to *Natural Bodybuilding & Fitness* magazine.

In consideration for your acceptance of my application to join the amateur International Natural Bodybuilding & Fitness (INBF) Federation, Inc. I understand and agree to abide by all the rules and by-laws, as amended, of the INBF, including the drug-free and conduct policies of the organization. I understand that, in order to compete in an INBF-sanctioned event, I will be required to submit to up to two (2) drug-tests to validate a seven-year absence from the use of any type of steroids, hormones, prohormones, prescription diuretics and any an all other compounds or performance-enhancing substances or actions deemed illegal by the INBF. I will also be asked to validate an absence of muscle implants via drug-testing. Such testing will be done through polygraph (lie-detector) and urinalysis exams. I further agree to abide by the decision of the INBF concerning my participation in an INBF-sanctioned event contest pending the results of both tests, as well as my adherence to any and all of the INBF rules and regulations. Failure to pass INBF drug-tests or failure to adhere to all INBF rules and regulations will result in my expulsion from the competition in question, as well as the loss of my INBF eligibility for seven years. I also agree to submit to any and all out-of-season drug-testing required by the INBF, and agree to stand by the results of said testing, whatever it may be.

WAIVER: I hereby waive and release any claims or demands against the INBF, Inc., its representatives, sponsors and promoters that may arise out of my participation in an INBF-sanctioned event, or because of my membership in the INBF.

AGREED

Signature: _____ Date: _____

PROMOTERS: Please Mail Form with Collected Fee (less \$5 for administration fee) To: INBF, Inc., P.O. Box 4, Pocono Lake, PA 18347

FOR CREDIT CARD PAYMENT ONLY – FILL IN BELOW

CARD TYPE: _____ CARD #: _____ EXPIRATION: _____

SECURITY CODE: _____