



# National Gym Association, Inc.

## MEMBERSHIP APPLICATION

Amateur Athletes **\$35** | Professional Athletes **\$50**

Last Name	First Name	MI	
Address	City	State	Zip
SS# (Pros Only)	Membership #	<input type="radio"/> Male	<input type="radio"/> Female
E-mail	Telephone #	D.O.B.	
Signature (If under 18, parent's signature)			Date

- Yes, I would like to renew my NGA Membership.  
 Check/Money Order payable to NGA for \$ \_\_\_\_\_ is enclosed.  
 Please bill my credit card for \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Expiration Date \_\_\_\_\_  Visa  MasterCard  AMEX  Discover

### MAIL APPLICATION TO:

The National Gym Association, Inc.  
P.O. Box 970579  
Coconut Creek, FL 33097-0579

### FOR EXPRESS PROCESSING

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

E-mail: [nga@nationalgym.com](mailto:nga@nationalgym.com)

**OR go to [www.nationalgym.com](http://www.nationalgym.com) to register online**