

INTERNATIONAL WEIGHT PULL ASSOCIATION, INC

Membership Receipt

NAME _____
ADDRESS _____
CITY _____ STATE/PROV _____
POSTAL CODE _____ COUNTRY _____

TYPE OF MEMBERSHIP

() FAMILY () INDIVIDUAL () JR

DATE ISSUED _____ AMT PAID \$ _____

(Signature of Liaison Officer)

Make checks payable to the IWPA. U.S. funds \$45 for family, \$40 for individual and \$15 for Junior. New member to fill out a regular membership application to be sent to Member-ship Chairperson with payment. New Member to keep this receipt until receipt of membership card.

Revised 06/25 RR

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