



# 2020 ANBF MEMBERSHIP FORM

Membership for **AMATEUR** Athletes

**PLEASE PRINT NEATLY AND COMPLETE ENTIRE FORM:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## GYM INFO:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

**INTERESTED IN:** Bodybuilding \_\_\_\_ Figure \_\_\_\_ Bikini \_\_\_\_ Physique \_\_\_\_ Classic \_\_\_\_

Applicants Signature \_\_\_\_\_

If Under 18 Parent's Signature \_\_\_\_\_

## MEMBERSHIP FEE: \$85

Please Choose: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check \_\_\_\_\_ Money Order \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3digit code \_\_\_\_\_

Signature \_\_\_\_\_

**Please Make Checks & Money Orders Payable To: A N B F**

**Mail application and entry fee to:**

**ANBF c/o Kent Bierly  
2055 Rt 88  
Brick, NJ 08724**

Any questions please call Kent Bierly @ 732-213-6537