



Membership Application Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Email: _____

Age: _____ Sex: _____ Birthdate: _____

For the term of my membership I hereby agree to bound by all terms and conditions of membership and further agree to submit to any testing procedures deemed appropriate by Executive Productions or its agents to verify my five year drug free eligibility status and shall accept the results and consequences of such test. I also agree to abide by the principles and good sportsmanship and to support the efforts of Executive Productions to eliminate the use of steroid, growth enhancing agent's illegal stimulants and other related substances in the bodybuilding community.

Signature: _____

Parent or Guardian Signature *(if under 18):* _____

Date: _____

Membership Fee: \$40.00

Please make check or money order payable to Executive Productions.

*Mail to: Executive Productions
P.O. Box 4035
Flint, MI 48504.*