



# USA WEIGHTLIFTING CLUB APPLICATION



**New**  **Renewal**

DATE \_\_\_\_\_ CLUB # \_\_\_\_\_

The \_\_\_\_\_ hereby makes application for new membership or renewal of  
(Name of club)

membership in the \_\_\_\_\_ Local Weightlifting Committee (LWC) of USA  
(name of the LWC where the club physically resides)  
Weightlifting.

Club Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Club Phone: ( ) \_\_\_\_\_ Club E-Mail Address: \_\_\_\_\_

Club Website: \_\_\_\_\_

Club President's Name: \_\_\_\_\_ President's Membership #: \_\_\_\_\_

Club President's Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**(Note: *President, Club Coach, Club Rep and any club members who wish to participate in USA Weightlifting sanctioned events must be current members of USA Weightlifting.*)**

Club Rep's Name: \_\_\_\_\_ Rep's Membership #: \_\_\_\_\_  
(this will be the person who has access to the club roster on the USAW website)

Certified Club Coach: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Membership # \_\_\_\_\_

Other Coach: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Membership #: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Membership #: \_\_\_\_\_

Other Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Membership #: \_\_\_\_\_

***This Club hereby agrees to abide by the Constitution, By-Laws and Rules of USA Weightlifting, and the Local Weightlifting Committee, and to respect, abide by and enforce all decisions of USA Weightlifting, and the above-mentioned Local Weightlifting Committee.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Club President)

Number of years of membership: \_\_\_\_\_ **1 YEAR \$85** \_\_\_\_\_ **2 YEARS \$165** \_\_\_\_\_ **3 YEARS \$245**

**MAKE CHECK PAYABLE TO USA WEIGHTLIFTING OR PAY BY CREDIT CARD**

Credit Card (MC, Visa, Discover, Amer Express): \_\_\_\_\_ Expir. Date: \_\_\_\_\_

**RENEWALS:** Send club fee and application directly to the National Office at:  
USA Weightlifting, 1 Olympic Plaza, Colorado Springs, CO 80909  
OR fax to 719-866-4741.

**NEW CLUBS:** Send club fee and application to your LWC President for his or her signature:

LWC President's Signature: \_\_\_\_\_

LWC President's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*For additional information, go to the USA Weightlifting website @ <http://weightlifting.teamusa.org/> or call 719-866-4508.