



STATE OR REGIONAL CHAIRMAN APPLICATION

DATE _____ STATE or REGION APPLYING FOR: _____

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PRIMARY PH _____ SECONDARY PH _____

EMAIL _____

DATE OF BIRTH _____ CURRENT AGE _____

POWERLIFTING BACKGROUND _____

CURRENT FEDERATION AFFILIATIONS _____

WHY ARE YOU INTERESTED IN A CHAIRMAN POSITION? _____

HOW ARE YOU CONNECTED WITH YOUR AREA'S POWERLIFTING COMMUNITY? IF APPROVED, WHAT IS YOUR 1ST, 2ND and 3RD YEAR VISION TO GROW PARTICIPATION AND INVOLVEMENT FOR 365 STRONG POWERLIFTING IN YOUR AREA?

Agreed to by:

Federation President _____ Date _____

Applicant _____ Date _____