



National Fitness Professionals Association

P.O. Box 1397 Bethany, Oklahoma 73008

Local: (405) 499-8000

Toll Free: 1-866-699-NFPA

Fax: (405) 603-3604

www.nfpafitness.com

Certification Registration Form

Please fill in the information requested below. Incomplete, illegible or inaccurate information may delay processing your application.

Step 1: Applicant Information			
Last Name	First Name	Date of Birth	Gender
Address			
City		State	ZIP/Postal Code
Phone 1	Phone 2	E-mail	

Step 2: Options		
Certified Personal Trainer	Group Fitness / Aerobics Instructor	Indoor Cycling Instructor
<input type="checkbox"/> Live Personal Trainer Seminar \$350 <input type="radio"/> Payment 1 - \$175 <input type="radio"/> Payment 2- \$175 <input type="checkbox"/> Proctored Examination \$199 <input type="checkbox"/> Self-Study Certification Course \$495 <input type="radio"/> Payment 1 - \$250 <input type="radio"/> Payment 2- \$250	<input type="checkbox"/> Seminar & Test \$279	<input type="checkbox"/> Seminar & Test \$239
Seminar Date		

Step 3: Method of Payment		
Renewal Fee: \$	Late Fee: \$	Total Amount: \$

Step 6: Signature	
<p>I hereby certify that the information contained on this application is true, complete and correct. By signing and submitting this registration application, I acknowledge that I have read the eligibility requirements defined: (1) Must be 18 years or older; (2) Valid adult CPR/AED proof must be provided to receive credentials. I acknowledge that I have completed this application accurately to the best of my knowledge. Incorrect information may invalidate this application.</p>	
Signature	Date

Mail the completed Application form with payment to:

National Fitness Professionals Association

P.O. Box 1397

Bethany, OK 73008

Attn: Course Registration

Or fax to (405) 603-3604