



**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](http://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 <b>\$325</b> <input type="radio"/> Payment 1 - <b>\$170</b> <input type="radio"/> Payment 2- <b>\$170</b>  <input type="checkbox"/> Proctored Examination <b>\$175</b>  <input type="checkbox"/> Self-Study Certification Course <b>\$495</b> <input type="radio"/> Payment 1 - <b>\$250</b> <input type="radio"/> Payment 2- <b>\$250</b>	<input type="checkbox"/> Seminar & Test <b>\$279</b>	<input type="checkbox"/> Seminar & Test <b>\$239</b>
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