



2017 CLUB MEMBERSHIP APPLICATION

Club Name		Club Abbreviation		
I hereby make application for (check one) <input type="checkbox"/> new <input type="checkbox"/> renewal annual membership (November 1, 2016, to December 31, 2017, in United States Masters Swimming, Inc. , as administered by the Local Masters Swimming Committee listed below. The club, if accepted, agrees to abide by and be governed by all rules and regulations of both United States Masters Swimming, Inc., and the Local Masters Swimming Committee listed below. NOTE: The name and addresses on this form may be used publicly when requested for club swimming information.				
Signature		Title	Date	
PRIMARY CLUB CONTACT TO USMS:				
Name		Title		
Address				
City		State	ZIP Code	
Home Tel: ())		Work Tel: ())	Ext:	
E-Mail Address:				
CLUB HEAD COACH:				
Name		Title		
Address				
City		State	ZIP Code	
Home Tel: ())		Work Tel: ())	Ext:	
E-Mail Address:				
OTHER _____ :				
Name		Title		
Address				
City		State	ZIP Code	
Home Tel: ())		Work Tel: ())	Ext:	
E-Mail Address:				
CLUB NOTIFICATION EMAIL: This is an optional email address that you may enter if you wish to receive an emailed notification each time a new member joins your club.				
Optional E-Mail Address for new registration notifications:				

POOL LOCATIONS: Go to <http://www.usms.org/placswim/> to enter all the locations and workout times for your club. This database is searchable by zip code so make sure you have your pool's complete address before you begin.

Please do not send my club a printed USMS Rule Book. We will access it online.

Make check payable to: AD-LMSC
Mail this form to: Ann Svenson PO Box 425 Greenfield Center, NY 12833

Application Fees:	Local: \$ <u> 5.00 </u> USMS: \$ <u> 41.00 </u> TOTAL: \$ <u> 46.00 </u>
For LMSC office use only Date received: Date processed:	