2017 CLUB MEMBERSHIP APPLICATION

Club Name	**Club Abbreviation**				

I hereby make application for (check one) ___**new** ___ **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: $____5.00___
USMS: $___41.00____
TOTAL: $___46.00____

For LMSC office use only
Date received:
Date processed: