



2019 Workout Group MEMBERSHIP APPLICATION

Workout Group Name		Abbreviation (may be 2-4 characters)			
Parent Club Name					
<p>I hereby make application for (check one) <input type="checkbox"/> new <input type="checkbox"/> renewal annual membership (November 1, 2018, to December 31, 2019, in United States Masters Swimming, Inc., as administered by the Local Masters Swimming Committee listed below. The workout group, 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, as well as its parent club. NOTE: The name and addresses on this form may be used publicly when requested for club and workout group swimming information.</p>					
Signature		Title		Date	
PRIMARY CONTACT TO USMS AND THE PARENT CLUB:					
Name		Title			
Address					
City		State		ZIP Code	
Home Tel: ())		Work Tel: ())		Ext:)	
E-Mail Address:					
WORK OUT GROUP 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:					
WORKOUT GROUP 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 group. 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.

<p>Make check payable to:</p> <p>Mail this form to:</p>	<p>Application Fees: \$45</p> <p><i>For LMSC office use only</i></p> <p>Date received:</p> <p>Date processed:</p>
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