



2018 Workout Group MEMBERSHIP APPLICATION

Workout Group Name		Abbreviation (may be 2-4 characters)					
Parent Club Name							
I hereby make application for (check one) <input type="checkbox"/> new <input type="checkbox"/> renewal annual membership (October 1, 2017, to December 31, 2018, 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.							
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:							
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:							
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 <https://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 workout group a printed USMS Rule Book. We will access it online.

Make check payable to:
Mail this form to:

Application Fees:	Local: \$ _____
	USMS: \$ <u>43.00</u>
	TOTAL: \$ _____
For LMSC office use only	
Date received:	
Date processed:	