



**U.S. MASTERS  
SWIMMING**

# 2015 Workout Group MEMBERSHIP APPLICATION

|   |  |   |          |      |          |
|---|--|---|----------|------|----------|
| Workout Group Name  |  | First Choice Abbreviation<br>(3 characters) |          |      | <b>X</b> |
| Parent Club Name: <b>MINNESOTA MASTERS SWIM CLUB (MINN)</b> Second choice of 3 letter designation:  |  |   |          |      |          |
| I hereby make application for (check one) <input type="checkbox"/> <b>new</b> <input type="checkbox"/> <b>renewal</b> annual membership (November 1, 2014, to December 31, 2015, in <b>United States Masters Swimming, Inc.</b> , 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     |      |          |
| <b>PRIMARY CONTACT TO USMS AND THE PARENT CLUB:</b>   |  |   |          |      |          |
| Name  |  | Title                                       |          |      |          |
| Address   |  |   |          |      |          |
| City  |  | State                                       | ZIP Code |      |          |
| Home Tel: (    )  |  | Work Tel: (    )                            |          | Ext: |          |
| E-Mail Address:   |  |   |          |      |          |
| <b>CLUB HEAD COACH:</b>   |  |   |          |      |          |
| Name  |  | Title                                       |          |      |          |
| Address   |  |   |          |      |          |
| City  |  | State                                       | ZIP Code |      |          |
| Home Tel: (    )  |  | Work Tel: (    )                            |          | Ext: |          |
| E-Mail Address:   |  |   |          |      |          |
| <b>OTHER _____:</b>   |  |   |          |      |          |
| Name  |  | Title                                       |          |      |          |
| Address   |  |   |          |      |          |
| City  |  | State                                       | ZIP Code |      |          |
| Home Tel: (    )  |  | Work Tel: (    )                            |          | Ext: |          |
| E-Mail Address:   |  |   |          |      |          |
| <b>WORKOUT GROUP NOTIFICATION EMAIL:</b> 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><b>MN LMSC</b></p>   |
| <p>Mail this form to:</p> <p>Pam Ogden<br/>MN LMSC Registrar<br/>E2401 Quail Run Road<br/>Eau Claire WI 54701</p> |

|   |
|---|
| <p>Application Fees:</p> <p>Local: \$ <u>10.00</u></p> <p>USMS: \$ <u>25.00</u></p> <p>TOTAL: \$ <u>35.00</u></p> |
| <p><i>For LMSC office use only</i></p> <p>Date received:</p> <p>Date processed:</p>                               |