



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:					
OTHER _____:					
Name		Title			
Address					
City		State	ZIP Code		
Home Tel: ())		Work Tel: ())		Ext:	
E-Mail Address:					

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:	MN LMSC
Mail this form to:	Pam Ogden MN LMSC Registrar E2401 Quail Run Road Eau Claire WI 54701

Application Fees:	Local: \$ <u>84.00</u>
	USMS: \$ <u>41.00</u>
	TOTAL: \$ <u>125.00</u>
<i>For LMSC office use only</i>	
Date received:	
Date processed:	