



**U.S. MASTERS
SWIMMING**

2019 CLUB MEMBERSHIP APPLICATION

Club Name		Club Abbreviation					
I hereby make application for (check one) ___new___ 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 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.

<p>Make check payable to: MN LMSC</p>	
<p>Mail this form to: Randy Ness MN LMSC Registrar 7941 Quail Ave N Brooklyn Park MN 55443</p>	

Application Fees:	Local: \$ <u>80.00</u>
	USMS: \$ <u>45.00</u>
	TOTAL: \$ <u>125.00</u>
<i>For LMSC office use only</i>	
Date received:	
Date processed:	