



2019 Workout Group MEMBERSHIP APPLICATION

Workout Group Name	First Choice Abbreviation (3 or 4 letters)			
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Parent Club Name: MINNESOTA MASTERS SWIM CLUB (MINN)	Second choice letter designation			
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I hereby make application for (check one) new renewal annual membership (October 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.

Signature	Title	Date
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PRIMARY CONTACT TO USMS AND THE PARENT CLUB:

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

CLUB HEAD COACH:

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

OTHER _____:

Name	Title
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Address		
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City	State	ZIP Code
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Home Tel: ()	Work Tel: ()	Ext:
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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:

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.

<input type="checkbox"/> Please do not send my club a printed USMS Rule Book. We will access it online.

Make check payable to: <p style="text-align: center;">MN LMSC</p>
Mail this form to: Randy Ness MN LMSC Registrar 7941 Quail Ave North Brooklyn Park MN 55443

Application Fees: Local: \$ <u>5.00</u> USMS: \$ <u>45.00</u> TOTAL: \$ <u>50.00</u>
For LMSC office use only Date received: Date processed: