



# 2020 CLUB MEMBERSHIP APPLICATION

Club Name	Club Abbreviation					
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I hereby make application for (check one) \_\_\_ **new** \_\_\_ **renewal** annual membership (November 1, 2019 to December 31, 2020) 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
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**PRIMARY CLUB CONTACT TO USMS:**

Name	Title	
Address		
City	State	ZIP Code
Home Tel	Work Tel	
E-Mail Address		

**PRIMARY CLUB CONTACT TO USMS:**

Name	Title	
Address		
City	State	ZIP Code
Home Tel	Work Tel	
E-Mail Address		

**OTHER:**

Name	Title	
Address		
City	State	ZIP Code
Home Tel	Work Tel	
E-Mail Address		

**OTHER:**

Name	Title	
Address		
City	State	ZIP Code
Home Tel	Work Tel	
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: <b>MN LMSC</b>
Mail this form to: <b>Randal Ness MN LMSC Registrar 7941 Quail Ave N Brooklyn Park MN 55443</b>

Application Fees:	Local: \$ <u>15.00</u>
	USMS: \$ <u>45.00</u>
	TOTAL: \$ <u>60.00</u>
<i>For LMSC office use only</i>	
Date received:	
Date processed:	