



U.S. MASTERS SWIMMING

2020 WORKOUT GROUP MEMBERSHIP APPLICATION

Workout Group Name		First Choice Abbreviation (3 or 4 letters)			
Parent Club Name: MINNESOTA MASTERS SWIM CLUB (MINN)					
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 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		
PRIMARY CONTACT TO USMS AND THE PARENT CLUB:					
Name		Title			
Address					
City		State	ZIP Code		
Home Tel		Work Tel			
E-Mail Address					
WORKOUT GROUP HEAD COACH:					
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					
WORKOUT GROUP NOTIFICATION EMAIL: Optional email address if you wish to receive an emailed notification each time a new member joins your WOG.		#1			
		#2			

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: Randal Ness MN LMSC Registrar 7941 Quail Ave N Brooklyn Park MN 55443

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:	