



2010 CLUB MEMBERSHIP APPLICATION

Club Name	Club Abbreviation				
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I hereby make application for (check one) **new** **renewal** annual membership (November 1, 2009, to December 31, 2010, 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 address on this form may be used publicly when requested for club swimming information.

Signature	Title	Date
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MAIL CORRESPONDENCE TO:

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

CLUB DELEGATE TO LMSC MEETINGS:

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

CLUB REGISTRAR:

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

SAFETY COORDINATOR:

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

POOL WHERE YOUR CLUB WORKS OUT

Name				
Address				
City	State	ZIP Code		

Application Fees: Local: \$ 10.00
 USMS: \$ 30.00
 TOTAL: \$ 40.00

Mail This Form To:

Make Check Payable To:

FOR LMSC OFFICE USE ONLY		
Date Received	Date Acknowledged	Sent to USMS
NEW CLUB: Date Abbreviation OK'd by National Office		