



## 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 <b>United States Masters Swimming, Inc.</b> , 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		
<b>CLUB CONTACT TO USMS:</b>							
Name				Title			
Address							
City			State		ZIP Code		
Home Tel: ( )			Work Tel: ( )		Ext:		
E-Mail Address:							
<b>CLUB REGISTRAR:</b>							
Name				Title			
Address							
City			State		ZIP Code		
Home Tel: ( )			Work Tel: ( )		Ext:		
E-Mail Address:							
<b>CLUB HEAD COACH:</b>							
Name				Title			
Address							
City			State		ZIP Code		
Home Tel: ( )			Work Tel: ( )		Ext:		
E-Mail Address:							
<b>CLUB DELEGATE TO LMSC MEETINGS:</b>							
Name				Title			
Address							
City			State		ZIP Code		
Home Tel: ( )			Work Tel: ( )		Ext:		
E-Mail Address:							
<b>POOL WHERE YOUR CLUB WORKS OUT</b>							
Name							
Address							
City			State		ZIP Code		

**Application Fees:** Local: \$ 25.00 \_\_\_\_\_  
 USMS: \$ 45.00 \_\_\_\_\_  
 TOTAL: \$ 70.00 \_\_\_\_\_

**Mail This Form To:**  
**Barbara Protzman**  
**3656 Cypress Fern Way**  
**Coral Springs, FL 33065**

**Make Check Payable To: FGC Masters Swimming**  
**FOR LMSC OFFICE USE ONLY**

Date Received	Date Acknowledged	Sent to USMS