



## 2018 CLUB MEMBERSHIP APPLICATION

Club Name		Club Abbreviation				
I hereby make application for (check one) ___new___ renewal annual membership (November 1, 2017, to December 31, 2018 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:    \$ 43.00 \_\_\_\_\_  
                           TOTAL:    \$ 68.00 \_\_\_\_\_

**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
NEW CLUB: Date Abbreviation OK'd by National Office		