



2015 CLUB MEMBERSHIP APPLICATION

Club Name*	Club Abbreviation* **			
-------------------	---------------------------------	--	--	--

I hereby make application for (check one) **new** **renewal** annual membership (November 1, 2014, to December 31, 2015, 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
-----------	-------	------

PRIMARY CLUB CONTACT TO USMS: *

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

CLUB HEAD COACH:

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

OTHER _____ :

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

CLUB NOTIFICATION EMAIL: This is an optional email address that you may enter if you wish to receive an emailed notification each time a new member joins your club.

Optional E-Mail Address for new registration notifications:

* Required **Must be Unique

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: NJ-LMSC
Mail this form to: Tom Brunson Registrar, NJ-LMSC 11 Garret Dr West Paterson, NJ 07424-2767

Application Fees: Local: \$ <u> 20.00 </u> USMS: \$ <u> 25.00 </u> TOTAL: \$ <u> 45.00 </u>
For LMSC office use only Date received: Date processed: