



# 2012 CLUB MEMBERSHIP APPLICATION

|           |                   |  |  |  |
|-----------|-------------------|--|--|--|
| Club Name | Club Abbreviation |  |  |  |
|-----------|-------------------|--|--|--|

I hereby make application for (check one)  **new**  **renewal** annual membership (November 1, 2011, to December 31, 2012, 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 |
|-----------|-------|------|

**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: GRIN – LMSC Registrar**  
**Syd Latina**  
**5463 Hollow Oak Court #1B**  
**Indianapolis, IN 46250**

**Make Check Payable To: GRIN**

| <b>FOR LMSC OFFICE USE ONLY</b>                     |                   |              |
|---|-------------------|--------------|
| Date Received                                       | Date Acknowledged | Sent to USMS |
| NEW CLUB: Date Abbreviation OK'd by National Office |                   |              |