



2017 CLUB MEMBERSHIP APPLICATION

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|--|--|--------------------------|--|----------|--|--|
| Club Name | | Club Abbreviation | | | | |
| I hereby make application for (check one) <input type="checkbox"/> new <input type="checkbox"/> renewal annual membership (November 1, 2016, to December 31, 2017, 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: | | | | | | |

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. **If you also send the information to swimsalt@bellsouth.net it will be posted on the Georgia Masters web page.**

Please do not send my club a printed USMS Rule Book. We will access it online.

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| Make check payable to: <i>GEORGIA LMSC</i> |
| Mail this form to: Andy Rettig (Georgia Masters Registrar) 2652 Amy Ct Duluth, GA 30096-4140 (678) 417-6411 arettig@gmail.com |

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|---------------------------------|------------------------|
| Application Fees: | Local: \$ <u>20.00</u> |
| | USMS: \$ <u>41.00</u> |
| | TOTAL: \$ <u>61.00</u> |
| For LMSC office use only | |
| Date received: | |
| Date processed: | |