



**2020 Workout Group
MEMBERSHIP APPLICATION**

Workout Group Name		Abbreviation (may be 2-5 characters)					
Parent Club Name Abbreviation (may be 2-5 characters)				G	A	J	A
I hereby make application for (check one) ___new___ renewal annual membership (October 1, 2019, to December 31, 2020), in United States Masters Swimming, Inc. , as administered by the Local Masters Swimming Committee listed below. The workout group, 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, as well as its parent club. NOTE: The name and addresses on this form may be used publicly when requested for club and workout group swimming information.							
Signature		Title		Date			
PRIMARY CONTACT TO USMS AND THE PARENT CLUB:							
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:							
WORKOUT GROUP 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:							

CLUB FINDER LISTING: Manage your club through the USMS Club Admin portal (<https://www.usms.org/club-central/club-login>) to showcase your facilities and coaches, enter workout times, and provide a direct link for prospective members to email your club contact.

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

RULE BOOK: Will you join us in **going GREEN**? Leave this option unchecked and view the Rule Book online (<https://www.usms.org/rules>).

I would like a printed USMS Rule Book

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

Application Fees: Local: \$ <u> 5.00 </u> USMS: \$ <u> 45.00 </u> TOTAL: \$ <u> 50.00 </u>
For LMSC office use only Date received: Date processed: