



**2020 CLUB MEMBERSHIP APPLICATION**  
**\*All Fields Are Required Unless Otherwise Noted.\***

<b>Club Name</b>		<b>Club Abbreviation (may be 2-5 characters)</b>				
I hereby make application for (check one) ___ <b>new</b> ___ <b>renewal</b> annual membership (October 1, 2019, to December 31, 2020, 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 addresses on this form may be used publicly when requested for club swimming information.						
Signature		Title		Date		
<b>PRIMARY CLUB CONTACT TO USMS:</b>						
Name		Title				
Address						
City		State		ZIP Code		
Tel: (     )     )						
E-Mail Address:						
<b>CLUB HEAD COACH:</b>						
Name		Title				
Address						
City		State		ZIP Code		
Tel: (     )     )						
E-Mail Address:						
<b>OPTIONAL ADDITIONAL CONTACT</b>						
Name		Title				
Address						
City		State		ZIP Code		
Tel: (     )     )						
E-Mail Address:						
<b>CLUB NOTIFICATION EMAIL:</b> 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. E-Mail Address for new registration notifications:						

**POOL LOCATIONS:** Please email clubandcoach@usmastersswimming.org or call 941-256-8767 to fill out your club locations and Club Finder page.

Please send my club a printed USMS Rule Book.

<b>Make check payable to:</b> <a href="#">Hawaii Masters Swimming Association</a>
<b>Mail this form to:</b> Hawaii Masters Swimming Association c/o Toni Sinnott 321 Pukalani St. Makawao, HI 96768

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