



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

Club Name		Club Abbreviation (may be 2-5 characters)				
I hereby make application for (check one) <input type="checkbox"/> new <input type="checkbox"/> 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 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			
Tel: ())						
E-Mail Address:						
CLUB HEAD COACH:						
Name		Title				
Address						
City		State	ZIP Code			
Tel: ())						
E-Mail Address:						
OPTIONAL ADDITIONAL CONTACT						
Name		Title				
Address						
City		State	ZIP Code			
Tel: ())						
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. 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.

Make check payable to: Wisconsin Masters Swim Committee
Mail this form to: Peter J Allen 409 Park Dr Neenah, WI 54956-2858 pjallen007@yahoo.com Phone (920) 216-3229

Application Fees: <p align="right">TOTAL: \$ <u> 60 </u></p>
For LMSC office use only Date received: Date processed: