



2020 Workout Group MEMBERSHIP APPLICATION

All Fields Are Required Unless Otherwise Noted.

Workout Group Name		Abbreviation (may be 2-5 characters)				
Parent Club Name Wisconsin Masters Aquatic Club (or specify another registered club)						
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		
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		
Home Tel: ())						
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.						
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: <div style="text-align: right;">TOTAL: \$ <u>60.00</u></div>
For LMSC office use only Date received: Date processed: