



2012 CLUB MEMBERSHIP APPLICATION

Club Name		Club Abbreviation					
I hereby make application for (check one) <input type="checkbox"/> new <input type="checkbox"/> renewal annual membership (November 1, 2011, to December 31, 2012, 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 address on this form may be used publicly when requested for club swimming information.							
Signature			Title		Date		
MAIL CORRESPONDENCE TO:							
Name			Title				
Address							
City			State		ZIP Code		
Home Tel: ()			Work Tel: ()		Ext:		
E-Mail Address:							
CLUB DELEGATE TO LMSC MEETINGS:							
Name			Title				
Address							
City			State		ZIP Code		
Home Tel: ()			Work Tel: ()		Ext:		
E-Mail Address:							
CLUB REGISTRAR:							
Name			Title				
Address							
City			State		ZIP Code		
Home Tel: ()			Work Tel: ()		Ext:		
E-Mail Address:							
SAFETY COORDINATOR:							
Name			Title				
Address							
City			State		ZIP Code		
Home Tel: ()			Work Tel: ()		Ext:		
E-Mail Address:							
POOL WHERE YOUR CLUB WORKS OUT							
Name							
Address							
City			State		ZIP Code		

Application Fees: Local: \$ 0.00
 USMS: \$ 30.00
 TOTAL: \$ 30.00

Mail This Form To:

Katy James
723 East Diamond Street
Tempe, AZ 85283
katyjameswims@hotmail.com

Make Check Payable To: **AZ LMSC**

FOR LMSC OFFICE USE ONLY

Date Received	Date Acknowledged	Sent to USMS
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NEW CLUB: Date Abbreviation OK'd by National Office