

2021 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)new ren States Masters Swimming, Inc., as administered by the L by and be governed by all rules and regulations of both Uni listed below. NOTE: The name and addresses on this form	ocal Masters Swimming (ited States Masters Swim	ming, Inc., and the Local Masters Swimmin	ted, agrees to abide ng Committee
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: ()		<u> </u>	
E-Mail Address:			
OPTIONAL ADDITIONAL CONTACT			
Name	Title		
Address			
City	State	ZIP Code	
Tel: ()			
E-Mail Address:			
CLUB NOTIFICATION EMAIL: This is an option notification each time a new member joins your E-Mail Address for new registration notifications	club.	at you may enter if you wish to rec	eive an emailed:
POOL LOCATIONS: Please email clubandcoach@ locations and Club Finder page. Please send my club a printed USMS Rule	Book.		t your club
Make check payable to: Inland Northwest LMSC Mail this form to:	Application F	-ees: TOTAL:\$ <u>60.00</u>	_
Inland Northwest LMSC Sean Murphy PO Box 161 Richland WA 99352	For LMSC office Date received Date processe	:	