

## 2021 Workout Group MEMBERSHIP APPLICATION

**\*All Fields Are Required Unless Otherwise Noted.\***

|  |  |   |       |  |          |  |
|--|--|---|-------|--|----------|--|
| <b>Workout Group Name</b>  |  | <b>Abbreviation (may be 2-5 characters)</b> |       |  |          |  |
| <b>Parent Club Name</b>  |  |   |       |  |          |  |
| <p>I hereby make application for (check one) ___<b>new</b>___ <b>renewal</b> annual membership (October 1, 2020, to December 31, 2021, in <b>United States Masters Swimming, Inc.</b>, 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.</p> |  |   |       |  |          |  |
| Signature  |  |   | Title |  | Date     |  |
| <b>PRIMARY CONTACT TO USMS AND THE PARENT CLUB:</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 |  |
| Home Tel: (      )   |  |   |       |  |          |  |
| E-Mail Address:  |  |   |       |  |          |  |
| <p><b>WORKOUT GROUP 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.</p>  |  |   |       |  |          |  |
| 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.

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| <b>Make check payable to: Inland Northwest LMSC</b> |
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| <b>Mail this form to:</b><br>Inland Northwest LMSC<br>Sean Murphy<br>PO Box 161<br>Richland WA 99352 |
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| <b>Application Fees:</b><br><br><div style="text-align: right; margin-right: 50px;">TOTAL: <u>  \$60.00  </u></div> |
| <b>For LMSC office use only</b><br>Date received:<br>Date processed:  |