



2020 CLUB MEMBERSHIP APPLICATION

All Fields Are Required Unless Otherwise Noted.

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| 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.

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| Make check payable to: Delaware Valley USMS |
| Mail this form to: Janet Jastremski, Registrar Delaware Valley LMSC 4720 Water Park Drive, Unit C Belcamp, MD 21017 |

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| Application Fees: Local: \$ <u> none </u> USMS: \$ <u> 45.00 </u> TOTAL: \$ <u> 45.00 </u> |
| For LMSC office use only Date received: Date processed: |