



2019 WORKOUT GROUP MEMBERSHIP APPLICATION

Workout Group Name		Club Abbreviation (may be 2-5 characters)				
Parent Club Name						
Local Masters Swimming Committee (LMSC):						
I hereby make application for (check one) ___ new ___ renewal annual membership (October 1, 2018, to December 31, 2019), in U.S. Masters Swimming , as administered by the Local Masters Swimming Committee (LMSC) listed above. The workout group, if accepted, agrees to abide by and be governed by all rules and regulations of both U.S. Masters Swimming, and the LMSC listed above. NOTE: The name, addresses, and contact information on this form may be used publicly when requested for club and workout group swimming information.						
Signature		Title		Date		
PRIMARY CONTACT TO USMS & PARENT CLUB:						
Name		USMS ID <small>(If you don't have one, leave this blank)</small>		Title		
Address						
City		State		ZIP Code		
Home Tel: ()		Work Tel: ()		Ext:		
E-Mail Address:						
WORKOUT GROUP HEAD COACH:						
Name		USMS ID: <small>(If you don't have one, leave this blank)</small>				
Home Tel: ()		Work Tel: ()		Ext:		
E-Mail Address:						
FACILITY:						
Facility Name						
Address						
City		State		ZIP Code		
Website: <small>(If you don't have one, leave this blank)</small>						
Facebook Link: <small>(If you don't have one, leave this blank)</small>						
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 workout group.						
Optional E-Mail Address for new registration notifications:						

CLUB FINDER LISTING: Manage your workout group through the USMS Club Admin portal (<https://www.usms.org/club-central/club-login>) to showcase your facilities and coaches, enter workout times, and provide a direct link for prospective members to email your workout group contact.

RULE BOOK: Will you join us in **going GREEN**? Leave this option unchecked and view the Rule Book online (<https://www.usms.org/rules>).

I would like a printed USMS Rule Book

Make check payable to:
Delaware Valley USMS

Mail this form to:
Janet Jastremski, Registrar
Delaware Valley LMSC
717 Willow Street, Apt. 2A
Lansdale, PA 19446

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: