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** ___ **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.**

Make check payable to: Florida LMSC

Contact: FLRegistrar@usms.org

Mail this form to:
Meredith Moore
Florida LMSC Registrar
8846 Mariposa Court Naples, FL 34113

Application Fees:

TOTAL: $__60.00_____

For LMSC office use only
Date received:
Date processed: