

2019 Workout Group MEMBERSHIP APPLICATION

Workout Group Name		Abbrevia be 2-4 cha	ition (may aracters)	
Parent Club Name AKMS				I
I hereby make application for (check one)new States Masters Swimming, Inc., as administered b abide by and be governed by all rules and regulation listed below, as well as its parent club. NOTE: The swimming information.	by the Local Masters Swimming Commit ns of both United States Masters Swimn	tee listed below. The wor hing, Inc., and the Local M	rkout group, if accepted, Masters Swimming Com	mittee
Signature	Title	Title Date		
PRIMARY CONTACT TO USMS AND TH	HE PARENT CLUB:			
Name	Title	Title		
Address				
City	State	ZIP Cod	ZIP Code	
Home Tel: ()	Work Tel: ()	Ext:	
E-Mail Address:				
CLUB HEAD COACH:				
Name	Title			
Address				
City	State	ZIP Cod	ZIP Code	
Home Tel: ()	Work Tel: ()	Ext:	
E-Mail Address:				
OTHER	:			
Name	Title			
Address				
City	State	ZIP Cod	le	
Home Tel: ()	Work Tel: ()	Ext:	
E-Mail Address:				
WORKOUT GROUP NOTIFICATION EM an emailed notification each time a new n	nember joins your club.	dress that you may	enter if you wish to	receive
Optional E-Mail Address for new registrat	ion notifications:			

POOL LOCATIONS: Go to <u>http://www.usms.org/placswim/</u> to enter all the locations and workout times for your group. This database is searchable by zip code so make sure you have your pool's complete address before you begin.

Please do not send my workout group a printed USMS Rule Book. We will access it online.

Make check payable to: Alaska LMSC	Application Fees: Local: \$0
	USMS: \$ <u>45.00</u>
Mail this form to: Kristi Neptun	TOTAL:\$ <u>45.00</u>
Registrar 611 Bounty Drive Anchorage, AK 99515	For LMSC office use only Date received: Date processed: