NIAGARA DISTRICT MASTERS SWIMMING
2018 Workout Group MEMBERSHIP APPLICATION

Workout Group Name	**Abbreviation (may be 2-4 characters)**				
Parent Club Name					

I hereby make application for (check one) ___**new** ___ **renewal** annual membership (November 1, 2017, to December 31, 2018, in **United States Masters Swimming, Inc.,** 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.

Signature	Title	Date

PRIMARY CONTACT TO USMS AND THE PARENT CLUB:

Name	Title	
Address		
City	State	ZIP Code
Home Tel: ( )	Work Tel: ( )	Ext:
E-Mail Address:		

CLUB HEAD COACH:

Name	Title	
Address		
City	State	ZIP Code
Home Tel: ( )	Work Tel: ( )	Ext:
E-Mail Address:		

OTHER _____:

Name	Title	
Address		
City	State	ZIP Code
Home Tel: ( )	Work Tel: ( )	Ext:
E-Mail Address:		

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 club

Optional E-Mail Address for new registration notifications:

Club website:

POOL LOCATIONS: Go to http://www.usms.org/placswim/ 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 club a printed USMS Rule Book. We will access it online.**

Make check payable to:

Niagara District Masters Swimming NDMS

Mail this form to:

Dawn-Ann Dykes
Niagara LMSC, Registrar
6268 Townline Rd
North Tonawanda, NY 14120

Application Fees: Local: $ 0.00
USMS: $ 43.00
TOTAL: $ 43.00

For LMSC office use only
Date received:
Date processed: