NIAGARA DISTRICT MASTERS SWIMMING
2019 CLUB MEMBERSHIP APPLICATION

Club Name		**Club Abbreviation**				

I hereby make application for (check one) ___**new** ___ **renewal** annual membership (November 1, 2018, to December 31, 2019, 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	USMS ID	Title
Address		
City	State	ZIP Code
Home Tel: ( )	Work Tel: ( ) Ext:	
E-Mail Address:		

CLUB HEAD COACH:

Name	USMS ID
Home Tel: ( )	Work Tel: ( ) Ext:
E-Mail Address:	

FACILITY_____:

Facility Name		
Address		
City	State	ZIP Code

Website:
(If you don't have one, leave this blank)

Facebook Link:
(If you don't have one, leave this blank)

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.

Optional E-Mail Address for new registration notifications:

Club website:	Allow Workout Groups to register with this club? YES NO

CLUB FINDER LISTING: Manage your club though 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 club 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: **Niagara District Masters Swimming NDMS**	Application Fees: Local: $ 0.00
Mail this form to: **Jennifer Adams** **Niagara LMSC, Registrar** **22 Countryside Ln** **Williamsville, NY 14221-1304**	USMS: $ 45.00 TOTAL: $ 45.00 *For LMSC office use only* Date received: Date processed: