



# NIAGARA DISTRICT MASTERS SWIMMING 2017 CLUB MEMBERSHIP APPLICATION



<b>Club Name</b>		<b>Club Abbreviation</b>					
I hereby make application for (check one) <input type="checkbox"/> <b>new</b> <input type="checkbox"/> <b>renewal</b> annual membership (November 1, 2016, to December 31, 2017, in <b>United States Masters Swimming, Inc.</b> , 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			
<b>PRIMARY CLUB CONTACT TO USMS:</b>							
Name				Title			
Address							
City		State		ZIP Code			
Home Tel: (     )     )		Work Tel: (     )     )		Ext:			
E-Mail Address:							
<b>CLUB HEAD COACH:</b>							
Name				Title			
Address							
City		State		ZIP Code			
Home Tel: (     )     )		Work Tel: (     )     )		Ext:			
E-Mail Address:							
<b>OTHER</b> _____ :							
Name				Title			
Address							
City		State		ZIP Code			
Home Tel: (     )     )		Work Tel: (     )     )		Ext:			
E-Mail Address:							
<b>CLUB NOTIFICATION EMAIL:</b> 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:							
<b>Club website:</b>				Allow Workout Groups to register with this club? <div style="text-align: center;"> <input type="checkbox"/> YES                      <input type="checkbox"/> NO         </div>			

**POOL LOCATIONS:** Go to <http://www.usms.org/placswim/> to enter all the locations and workout times for your club. 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.

<b>Make check payable to:</b>  <b>Niagara District Masters Swimming NDMS</b>
<b>Mail this form to:</b>  <b>Dawn-Ann Dykes</b> <b>Niagara LMSC, Registrar</b> <b>6268 Townline Rd</b> <b>North Tonawanda, NY 14120</b>

Application Fees:	Local: \$ <u>0.00</u>
	USMS: \$ <u>41.00</u>
	TOTAL: \$ <u>41.00</u>
<b>For LMSC office use only</b>	
Date received:	
Date processed:	