



NIAGARA DISTRICT MASTERS SWIMMING

2019 Workout Group MEMBERSHIP APPLICATION



Workout Group Name		Abbreviation (may be 2-4 characters)			
Parent Club Name					
I hereby make application for (check one) <input type="checkbox"/> new <input type="checkbox"/> 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 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		USMS ID:		Title:	
Address					
City		State		ZIP Code	
Home Tel: ())		Work Tel: ())		Ext:	
E-Mail Address:					
WORKOUT GROUP HEAD COACH:					
Name		USMS ID:		Title:	
Home Tel: ())		Work Tel: ())		Ext:	
E-Mail Address:					
FACILITY _____ :					
Facility Name					
Address					
City		State		ZIP Code	
Website: <small>(If you don't have one, leave this blank)</small>					
Facebook Link: <small>(If you don't have one, leave this blank)</small>					
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 workout group.					
Optional E-Mail Address for new registration notifications:					
Workout Group website:					

CLUB FINDER LISTING: Manage your workout group through 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 workout group 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
Mail this form to: Jennifer Adams Niagara LMSC, Registrar 22 Countryside Ln Williamsville, NY 14221-1304

Application Fees:	Local: \$ <u>0.00</u>
	USMS: \$ <u>45.00</u>
	TOTAL: \$ <u>45.00</u>
For LMSC office use only	
Date received:	
Date processed:	