

**2010 Independent Club Membership Application**  
**Metropolitan Local Masters Swimming Committee**  
**United States Masters Swimming, Inc.**

PRINT FULL  
 CLUB NAME \_\_\_\_\_

\*Three or Four Letter  
 CLUB ABBREVIATION \_\_\_\_\_

I hereby make application for (check one) \_\_\_\_\_ new or \_\_\_\_\_ renewal annual Club membership for the term November 1, 2009 to December 31, 2010 in United States Masters Swimming, Inc. (USMS) as administered by the Metropolitan Local Masters Swimming Committee (MLMSC). The Club, if accepted, agrees to abide by and be governed by all rules and regulations of both USMS and the MLMSC. The Club, if accepted, also acknowledges understanding of and agreement to comply with the following requirement dictating bona fide USMS Club status: ALL members of Club will maintain current USMS registration while participating in Club swim practices, and ALL Club swim workouts and/or Club-hosted USMS-sanctioned events will be under the direct supervision of a currently registered member of USMS to satisfy USMS insurance coverage mandates.

APPLICANT  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME  
 OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

\*CLUB ABBREVIATION must first be approved by MLMSC Registrar

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Please indicate (check ONE box) to whom all Club correspondence should be sent:  Head Coach - or -  Team Rep

FIRST & LAST NAME OF CLUB HEAD COACH  
 \_\_\_\_\_

FIRST & LAST NAME OF CLUB REP (if other than Head Coach)  
 \_\_\_\_\_

Head Coach Current USMS Registration #  
 \_\_\_\_\_

Team Rep Current USMS Registration #  
 \_\_\_\_\_

Head Coach Contact Info:

Team Rep Contact Info:

Day Tel (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Day Tel (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Eve Tel (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Eve Tel (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

E-Mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FEE:** \$50.00 via CHECK or MONEY ORDER payable to METROPOLITAN LMSC and mailed with this fully executed form to:  
 Metro LMSC Registrar, 201 Chestnut Street, Port Jefferson, NY 11777  
 Direct Club Application/Abbreviation inquiries to: Maria Anderson, Registrar, via email at [metroreg@gmail.com](mailto:metroreg@gmail.com)

For Office Use Only: Date Received \_\_\_\_\_ Date Acknowledged \_\_\_\_\_ Date Sent to USMS \_\_\_\_\_

**FACILITY INFORMATION**

PRINT FACILITY NAME \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_

FACILITY DESCRIPTION (yards, short course meters, long course meters, number of lanes)

Additional miscellaneous information (electronic timing system, scoreboard display, touchpads, starting blocks, separate warm-up pool and/or diving tank, suitable for hosting Masters competition and/or clinics?)

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**CLUB DETAILS**

WORKOUT (AND/OR OPEN SWIM) DAYS AND TIMES

CLUB WEBSITE \_\_\_\_\_

Check box  only if Club is a CLOSED/PRIVATE organization      Check box  only if Club has NO guest policy

ADDITIONAL CLUB INFO (fitness, competition and/or triathletes; instruction, camps & clinics, events, guest policy, etc.)

**NOTE: NO swimmers can register with USMS until Club has submitted payment and form for the current registration year!**