



2009 CLUB MEMBERSHIP APPLICATION

Club Name		Club Abbreviation				
hereby make application for (check one) ___new___renewal annual membership (November 1, 2008, to December 31, 2009, 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 address on this form may be used publicly when requested for club swimming information.						
Signature		Title		Date		
MAIL CORRESPONDENCE TO:						
Name		Title				
Address						
City		State		ZIP Code		
Home Tel: ()		Work Tel: ()		Ext:		
E-Mail Address:						
CLUB DELEGATE TO LMSC MEETINGS:						
Name		Title				
Address						
City		State		ZIP Code		
Home Tel: ()		Work Tel: ()		Ext:		
E-Mail Address:						
CLUB REGISTRAR:						
Name		Title				
Address						
City		State		ZIP Code		
Home Tel: ()		Work Tel: ()		Ext:		
E-Mail Address:						
SAFETY COORDINATOR:						
Name		Title				
Address						
City		State		ZIP Code		
Home Tel: ()		Work Tel: ()		Ext:		
E-Mail Address:						
POOL WHERE YOUR CLUB WORKS OUT						
Name						
Address						
City		State		ZIP Code		

Application Fees: Local: \$ 25.00
 USMS: \$ 30.00
 TOTAL: \$ 55.00

Make Check payable to:
 HAWAII MASTERS SWIMMING ASSN.
Mail this form to: Toni Sinnott (808) 298-3269
 321 Pukalani St.
 Makawao, HI 96768
tonisinnott@aol.com

FOR LMSC OFFICE USE ONLY		
Date Received	Date Acknowledged	Sent to USMS
NEW CLUB: Date Abbreviation OK'd by National Office		