



U.S. MASTERS SWIMMING

2012 CLUB MEMBERSHIP APPLICATION

Hawaii Masters



Swimming Association

Club Name	Club Abbreviation				
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I hereby make application for (check one) **new** **renewal** annual membership (Nov 1, 2010, to Dec 31, 2011, 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
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CLUB CONTACT TO USMS:	CLUB WEBSITE:
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Name	Title
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Address

City	State	ZIP Code
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Home Tel: ()	Work Tel: ()	Ext:
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E-Mail Address:

CLUB REGISTRAR:

Name	Title
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Address

City	State	ZIP Code
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Home Tel: ()	Work Tel: ()	Ext:
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E-Mail Address:

CLUB HEAD COACH:

Name	Title
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Address

City	State	ZIP Code
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Home Tel: ()	Work Tel: ()	Ext:
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E-Mail Address:

CLUB DELEGATE TO LMSC MEETINGS:

Name	Title
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Address

City	State	ZIP Code
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Home Tel: ()	Work Tel: ()	Ext:
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E-Mail Address:

POOL(S) WHERE YOUR CLUB WORKS OUT

Pool Name(s)

Address(s)

City	State	ZIP Code
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Practice Times:

Application Fees: Local: \$ 5.00
 USMS: \$ 30.00
 TOTAL: \$ 35.00

Make Check Payable To:

HAWAII MASTERS SWIM ASSOCIATION

Mail This Form To: Toni Sinnott (808) 298-3269
 321 Pukalani St. Makawao, HI 96768
tonisinnott@aol.com

Make Check Payable To:

FOR LMSC OFFICE USE ONLY

Date Received	Date Acknowledged	Sent to USMS
NEW CLUB: Date Abbrev. OK'd by Nat'l Office:		