



2019 CLUB MEMBERSHIP APPLICATION

Club Name		Club Abbreviation (may be 2-5 characters)				
Allow Workout Groups (check one) <input type="checkbox"/> yes <input type="checkbox"/> no						
Local Masters Swimming Committee (LMSC): OKLAHOMA						
I hereby make application for (check one) <input type="checkbox"/> new <input type="checkbox"/> renewal annual membership (October 1, 2018, to December 31, 2019), in U.S. Masters Swimming , as administered by the Local Masters Swimming Committee (LMSC) listed above. The club, if accepted, agrees to abide by and be governed by all rules and regulations of both U.S. Masters Swimming, and the LMSC listed above. NOTE: The name, addresses, and contact information on this form may be used publicly when requested for club swimming information.						
Signature		Title		Date		
PRIMARY CLUB CONTACT TO USMS:						
Name		USMS ID <small>(If you don't have one, leave this blank)</small>		Title		
Address						
City		State		ZIP Code		
Home Tel: ()		Work Tel: ()		Ext:		
E-Mail Address:						
CLUB HEAD COACH:						
Name		USMS ID: <small>(If you don't have one, leave this blank)</small>				
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>						
CLUB 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 club.						
Optional E-Mail Address for new registration notifications:						

CLUB FINDER LISTING: Manage your club 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 club 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: OMS	Application Fees: Local: \$11.00 USMS: \$45.00 TOTAL: \$55.00
Mail this form to: OMS – REGISTRAR Kirsten Hoffman 1812 Eastern Ave Stillwater, OK 74074	For LMSC office use only Date received: Date processed: