



**2010 PACIFIC MASTERS SWIMMING CLUB MEMBERSHIP APPLICATION**

The \_\_\_\_\_ official club name \_\_\_\_\_ abbreviation-up to 4 letters

hereby makes application for annual membership in UNITED STATES MASTERS SWIMMING, INC. as administered by PACIFIC MASTERS SWIMMING, INC. The club, if accepted, agrees to abide by and be governed by all rules and regulations of both United States Masters Swimming, Inc. and Pacific Masters Swimming, Inc. NOTE: The names and addresses on this form may be used publicly when requested for club swimming information. \_\_\_\_\_new \_\_\_\_\_renewal

Signature \_\_\_\_\_

Title \_\_\_\_\_

**Mail Correspondence to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Day(\_\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_\_) \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

*(Mandatory. It is important that PMS be able to contact you electronically.)*

**Club web site address** \_\_\_\_\_

**Club rep to Pacific Masters Swimming/email** \_\_\_\_\_

**Authorized person to access club roster** \_\_\_\_\_

**Club Officers**

**President**

Name \_\_\_\_\_

copy on emails \_\_\_Yes

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_\_) \_\_\_\_\_

\_\_\_No

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

**Treasurer/Registrar**

Name \_\_\_\_\_

copy on emails \_\_\_Yes

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_\_) \_\_\_\_\_

\_\_\_No

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

**Coach**

Name \_\_\_\_\_

copy on emails \_\_\_Yes

Phone Day (\_\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_\_) \_\_\_\_\_

\_\_\_No

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

Include separate sheet for additional contacts and indicate whether they should be copied on PMS emails.

**APPLICATION FEES:**

2010 Club Membership Fee \$65.00 (\$30 to USMS, \$35 to PMS)

**TOTAL \$65**

Checks should be made payable to Pacific Masters Swimming and mailed with this completed form to:

PACIFIC MASTERS SWIMMING  
580 SUNSET PARKWAY  
NOVATO, CA 94947-4810

\_\_\_\_\_ for office use only



## FOR OUR INFORMATION

Please return this page with your 2010 Club Application Form. Thank You!

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club safety coordinator address phone

names of additional coaches & contact information certifications

### **CLUB INFORMATION**

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*STATUS (check applicable responses)*

- independent organization
- associated with or part of USA Swimming team
- recreation department sponsored
- other, please explain \_\_\_\_\_
- have nonprofit status
- have tax-exempt status, indicate classification \_\_\_\_\_

### *ORGANIZATION*

- have paid/unpaid (circle) coach \_\_\_employee \_\_\_independent contractor \_\_\_salary \_\_\_hourly
- have no coach \_\_\_\_\_Would like help in obtaining a coach
- dues, indicate whether daily,monthly, yearly, etc. \$ \_\_\_\_\_ Drop In fee \_\_\_\_\_
- have organizational by-laws, please send to PMS to keep on file
- have weight room and/or strengthening program
- have AED on site during practice sessions
- willing to share information and mentor a new club

### *PMS PARTICIPATION*

- participate as a team in pool, postal, and/or open water events
- fitness program only, PMS member for insurance purposes
- involved in PMS Swim Committee Y or N, if not, why? \_\_\_\_\_
- have hosted inter-squad meet, sanctioned pool meet, or open water swim within the past 2 years
- club has made use of the PMS video library
- suggestions for PMS consideration \_\_\_\_\_

### **FACILITY INFORMATION**

Club Name \_\_\_\_\_

Pool & Location \_\_\_\_\_

Coached Practice Times \_\_\_\_\_

Lap Swim Times \_\_\_\_\_

Club Web Site address \_\_\_\_\_

Contact Person/Phone (day/ev) \_\_\_\_\_

Comments Or Additional Information \_\_\_\_\_

**Return both pages to Pacific Masters Swimming**

rev. 10/09