



2012 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 _____

Official Club Contact

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 Pac Masters meetings/email

Club official to be notified of new registrations/email

**Club Officers
President**

Name _____

Phone: Day (_____) _____ Eve (_____) _____

E-Mail Address _____

Treasurer/Registrar

Name _____

Phone: Day (_____) _____ Eve (_____) _____

E-Mail Address _____

Head Coach

Name _____

Phone Day (_____) _____ Eve (_____) _____

E-Mail Address _____

APPLICATION FEES:

2011 Club Membership Fee \$65.00 (\$30 to USMS, \$35 to PacMasters)
\$55 if received by 10/31/2011

TOTAL \$65 or **\$55 if received by 10/31/2011**

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 2012 Club Application Form. Thank You!

club safety coordinator _____ address _____ phone _____

names of additional coaches & contact information _____ certifications _____

CLUB INFORMATION

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. 09/30/2011