



SKY TEAM MEMBERSHIP APPLICATION



Team Name	Team Abbreviation			
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hereby make application for (check one) **new** **renewal** annual membership (October 1, 2013, to December 31, 2014, in **United States Masters Swimming, Inc.**, as administered by the Local Masters Swimming Committee listed below. The team, 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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CONTACT TO RECEIVE MAIL CORRESPONDENCE:

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

TEAM DELEGATE TO LMSC MEETINGS: (MUST BE WILLING/ABLE TO ATTEND TWO MEETINGS PER YEAR)

This Team will not identify a delegate, therefore giving up the opportunity for representation during LMSC Meetings.

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

MAIN POOL WHERE YOUR TEAM WORKS OUT

Facility Name		
Address		
City	State	ZIP Code
Phone: ()	Web site:	
Private Membership Only	Public Invited	
Practice Dates and Times		
Other Information		

OTHER POOL WHERE YOUR TEAM WORKS OUT

Facility Name		
Address		
City	State	ZIP Code
Phone: ()	Web site:	
Private	Public Invited	
Practice Dates and Times		
Other Information		

List 4 Team Members who are guaranteed to register for the 2013 season to form a team.	Application Fee:	\$30.00
	Make Check Payable To:	Swim Kentucky Masters
	Mail This Form To:	Susan Ehringer, Registrar P.O. Box 7842 Louisville, KY 40207
	Email questions to:	kyregistrar@usms.org