



# Team Membership Application

\_\_\_\_\_ club or chapter abbreviation

The \_\_\_\_\_

Please print official club or chapter of NCMS club name

hereby makes application for (check one)  New  Renewal annual membership (November 1, 2007 to December 31, 2008) in United States Masters Swimming, Inc as administered by the Local Masters Swimming Committee for North Carolina. The organization, if accepted as a chapter of North Carolina Masters Swimming Club or as an independent club, agrees to abide by and be governed by all rules and regulations of both the United States Masters Swimming, Inc. and the Local Masters Swimming Committee for North Carolina. Note: the names and addresses on this form may be used publicly when requested for organization swimming information. The same person can fill any/all of the below positions:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please check: Our organization is an independent club in the LMSC for NC \_\_\_\_\_  
Our organization is a chapter of North Carolina Masters Swimming Club (recommended) \_\_\_\_\_

**Correspondent:**

(Team Contact person)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**LMSC Meeting Delegate:**

(Should attend 3 of the 4 scheduled meetings or provide a proxy)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Safety Coordinator:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Team Registrar:**

(Person responsible for keeping Membership list:)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Mail completed form to:

Fees: No fee if a chapter of NCMS (recommended)  
\$30 if an independent club of USMS, make check payable to LMSC for NC

George S. Simon  
Registrar, LMSC for NC  
10229 Boxelder Dr  
Raleigh, NC 27613-6139