

USA SWIMMING
CLUB MEMBERSHIP APPLICATION
GULF SWIMMING
2008-2009

The _____ hereby makes application for membership in Gulf Swimming of USA Swimming, Inc. Enclosed is a team check for the annual dues, a copy of the team's bylaws (new applications only), and the names and addresses of the team's officers. If accepted as a club member, the team agrees to abide by the Bylaws of Gulf Swimming and USA Swimming, Inc., and to respect, abide by, and enforce all decisions of Gulf Swimming and USA Swimming, Inc.

Signed _____ Title _____ Date _____

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Club Information (This should include the permanent address and phone number of the team.)

CLUB CODE _____ **CLUB NAME** _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX:** _____

WEBSITE _____

FACILITY NAME: _____ **FACILITY PHONE:** _____

FACILITY ADDRESS: _____

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Club Contact (This person will receive USA Swimming mailings and be responsible for athlete registration.)

CLUB CONTACT _____

POSITION _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

OFFICE PHONE _____ **HOME PHONE** _____

FAX _____ **MOBILE PHONE** _____

E-MAIL ADDRESS _____

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CLUB MEMBERSHIP APPLICATION (Continued)

Coach (All clubs must have at least one properly registered coach to register as a USA Swimming club. Club's coach of record must be at least 18 years old.)

HEAD COACH _____ DATE OF BIRTH _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

FAX _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

I hereby give Gulf Swimming permission to use my name, address, and phone numbers (above) for publication in the Gulf Swimming Handbook and the Gulf Swimming web page.

Head Coach (Signature) _____

Club Safety Coordinator (The Club Safety Coordinator **must be registered** as an individual member of USA Swimming. The Club Safety Coordinator will be responsible for duties as outlined in Section 602.2.3 of the Gulf Swimming Bylaws.)

CLUB SAFETY COORDINATOR _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

FAX _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

Club Treasurer

TREASURER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

FAX _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

CLUB MEMBERSHIP APPLICATION (Continued)

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Club Entries/Records Contact

ENTRIES/RECORDS CONTACT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

FAX _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

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Entries/Records Contact (Signature) _____

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Club Nominees to the Gulf Swimming House of Delegates (The number of representatives to the Gulf Swimming House of Delegates and the votes to which they are entitled is governed by Section 604.1.1 of the Gulf Swimming Bylaws. All representatives to the House of Delegates **must be registered** as individual members of USA Swimming.)

TEAM REPRESENTATIVE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

FAX _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

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Team Representative (Signature) _____

ALTERNATE REPRESENTATIVE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

FAX _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

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Alternate Representative (Signature) _____

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CLUB MEMBERSHIP APPLICATION (Continued)

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Official (Each Club must have at least one active certified Official or active Trainee registered.)

OFFICIAL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ HOME PHONE _____

FAX _____ MOBILE PHONE _____

E-MAIL ADDRESS _____

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PRIMARY ORGANIZATIONAL AFFILIATIONS

(Please note the club's primary relationship/affiliation with any one of the following organizations.

Choose one only.)

- _____ Not Applicable
- _____ Boys & Girls Club
- _____ College/University
- _____ Country Club
- _____ Health & Fitness Club
- _____ Hospital
- _____ Jewish Community Center
- _____ Park & Recreation Department
- _____ Private School
- _____ Public School/District
- _____ Summer Club or Home Owner's Association
- _____ YMCA
- _____ YWCA
- _____ Other

WHO OWNS THE CLUB

- _____ Boys & Girls Club
- _____ Coach Owned
- _____ College/University
- _____ Country Club
- _____ Health & Fitness Club
- _____ Hospital
- _____ Jewish Community Center
- _____ Non-Profit Corporation (Parent Board)
- _____ Park & Recreation Department
- _____ Private School
- _____ Public School/District
- _____ Summer Club or Home Owner's Association
- _____ YMCA
- _____ YWCA
- _____ Other

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CLUB MEMBERSHIP APPLICATION (Continued)

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CLUB TAX LISTING

(Please list the club's main tax listing and not the parent's/booster organization if it is a separate entity)

- _____ Sole Proprietor
- _____ Partnership
- _____ LLC
- _____ Sub-S Corporation
- _____ Other For-Profit Corporation
- _____ 501(c)3 Non-Profit Corporation
- _____ Other 501(c) Non-Profit
- _____ Other Non-Profit Corporation
- _____ Does Not Apply

Send completed application, team check for \$250.00, safety information form, safety map, and list of club officers to:

Chris Day
 5707 Woodland Brook Drive
 Kingwood, TX 77345
 ccd@msn.com

Do not write below this line
 For GULF SWIMMING use only

- Coach's certification, team's representatives to the House of Delegates, safety coordinator's, and official's memberships verified by _____ Date _____
- Active Official or Active Trainee verified by _____ Date _____
- Team bylaws (new applications only) received by _____ Date _____
- List of Club Board of Directors received by _____ Date _____
- Safety information form received by _____ Date _____
- Safety map received by _____ Date _____
- Annual dues: Team check # _____ Date _____
- All fines from previous season cleared _____ Date _____
- Club application for 2008-2009 approved by _____ Date _____