



**OTHER INFORMATION -**

**PRESIDENT, MANAGING MEMBER, OWNER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CERTIFICATION AND AGREEMENT FOR & CONDITIONS OF MEMBERSHIP**

In consideration of and as condition of our membership in USA / Arizona Swimming we agree to the following terms and conditions:

1. We understand that this registration renewal is not effective until all requirements are met and approved by the Arizona Swimming Board of Directors.
2. We represent that the undersigned as the authority to request such registration and that all information contained in this application is true and correct as of this date.

Executed this \_\_\_\_ day of 201\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Organization Name \_\_\_\_\_

*Updated 06/11/2014*