

Affiliated Group Membership Application



Attached is the Application for Affiliated Group Membership of USA Swimming/Arizona Swimming, Inc.

If you have questions regarding this process, please contact Mrs. Carla Morelli at the Arizona Swimming office at 602.264.2443 or by email at office@azswimming.org

www.azswimming.org

Affiliated Group Membership

INSTRUCTIONS

This Application for Affiliated Group Membership contains the information about your group that will be contained in the USA Swimming national data base (SWIMS).

1. Please complete the attached information, paying close attention to phone numbers, email addresses.
2. Certain individuals holding positions in your group must be registered members of USA Swimming / Arizona Swimming at the time of your application and continuously while they hold such positions.
3. Once you have completed the Application, it should be signed and dated by the Club President or an authorized representative of your group. The Application form, together with the appropriate fee should be sent to Arizona Swimming office for processing.

APPLICATION FEES & MAILING INSTRUCTION

1. Affiliated Group fee is \$100.00 annually. If you wish to pay by credit card, please include the Credit Card Authorization which is available in the Document Library at www.azswimming.org with your packet.
2. The Application consists of pages 3 through 4 of this packet. All those pages should be returned, with the appropriate fee to:

Arizona Swimming, Inc.
Group Application Processing
1212 E Osborn Rd., Suite 107
Phoenix AZ 85014

3. All Applications are subject to approval.

Arizona Swimming, Inc.

APPLICATION FOR GROUP AFFILIATED MEMBERSHIP

The below referenced Group hereby applies for membership in United States Swimming, Inc. ("USAS") and Arizona Swimming, Inc. ("AzSI"), the Arizona Local Swimming Committee ("LSC") of USAS.

Please carefully complete the attached information and return to AzSI for processing.

GROUP NAME:

Contact Person:

Address:

Address line 2

City, State, Zip

Office phone No.

Fax phone No

E-mail address

Home phone ⁽¹⁾

⁽¹⁾Home phone numbers will not be listed or published without prior written permission

INFORMATION FOR AZSI AND USAS WEB SITE:

Complete web address for AzSI:

http://

Contact name on AzSI web:

Phone number for AzSI web

USAS web search location 1

USAS web search location 2

Nearest Major City:

Club Setting

USAS web search locations are used only by USAS search engine when attempting to identify clubs in an area or general geographical area. It is unknown exactly how various criteria influence results from a search.

INFORMATION ABOUT YOUR CLUB:

Entity type: C= any type of corporation; L= any type of partnership or LLC;
S=sole proprietorship

Tax- status: If your organization is exempt from taxation under section 501(c)3 of the Internal Revenue code, please write yes in the box. If not, please leave block blank.

Please read and follow the instructions contained within the cover sheet!

PRESIDENT AND VOTING DELEGATES FOR _____

As part of your membership, you are entitled to appoint one individuals as your voting delegates to the Arizona Swimming House of Delegates. Delegates must be Non Athlete Members of USA Swimming / Arizona Swimming. If you wish to change your delegates, they must be registered at time of appointment as a delegate.

PRESIDENT / MANAGING MEMBER

DELEGATE ONE⁽²⁾

Name	
Address	
Address cont	
City State ZIP	
Office Phone	
Fax	
Home phone	
E-mail	

Name	
Address	
Address c	
City State ZIP	
Office Phone	
Fax	
Home Phone	
E-mail	

⁽²⁾ Must be a registered member of USAS / AzSI.

CERTIFICATION AND AGREEMENT FOR AND CONDITIONS OF MEMBERSHIP:

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

1. Our Voting Delegates shall be continually registered with USA / Arizona Swimming as Non Athletes members. Failure to maintain continuous membership may result in the suspension of the membership of the individual, Affiliated Group or both.
2. We represent that all information contained in this Application is true and correct as of this date.

Executed this ____ day of _____ 200__.

Name

Title

FOR OFFICE USE	
Date Received:	_____
Date Fee Paid:	_____
Date Memb. Approval:	_____
Date B of D Approval :	_____