

IOWA SWIMMING, INC.

2010 CLUB MEMBERSHIP APPLICATION

Type of Membership: Year _____ (Expires 12/31) Seasonal _____ (4-1 to 8-28)
(\$100 before Dec 1 - \$125 after Dec 1) (\$50 before May 1 - \$75 after May 1)

Name of Club _____ **CODE** _____

Address _____

Email _____ **Phone** (____) - ____ - ____ **Fax** (____) - ____ - ____

Club website _____

***** Please notify ISI immediately of any changes *****

Club Officers Date new officers take effect: _____

President: _____

Address: _____

Email: _____ **Phone** (____) - ____ - ____ **Cell** (____) - ____ - ____

Vice President: _____

Address: _____

Email: _____ **Phone** (____) - ____ - ____ **Cell** (____) - ____ - ____

Secretary: _____

Address: _____

Email: _____ **Phone** (____) - ____ - ____ **Cell** (____) - ____ - ____

Treasurer: _____

Address: _____

Email: _____ **Phone** (____) - ____ - ____ **Cell** (____) - ____ - ____

Safety Officer: (Must be non-athlete member) _____

Address: _____

Email: _____ **Phone** (____) - ____ - ____ **Cell** (____) - ____ - ____

Registration: _____

Address: _____

Email: _____ **Phone** (____) - ____ - ____ **Cell** (____) - ____ - ____

Athlete Rep: (Must be athlete member) _____

Address: _____

Email: _____ **Phone** (____) - ____ - ____ **Cell** (____) - ____ - ____

Coach of Record:(Must be registered coach member, be 18yrs of age & current in the Coaches Safety Curriculum at ALL times.)

Address: _____

Email: _____ **Phone** (____) - ____ - ____ **Cell** (____) - ____ - ____

Assistant Coaches: (List all coaches who will be in any coaching capacity with your club. Each coach must be a registered Coach Member & current in the Coaches Safety Curriculum at ALL times.)

DELEGATES TO ISI HOUSE OF DELEGATES

All delegates must be current registered members. Each club is authorized one (1) delegate per fifty (50) athletes or any fraction thereof registered in the previous year.

_____ is authorized _____ delegates + 1 athlete delegate for 2010 (Alternates may also be listed).

Please include email information for sending HOD packets.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Athlete Rep _____	_____

MEET INVITATION MAILINGS

List person you wish to receive Meet Invitation correspondence.

Meet host will send meet Invitations electronically, unless requested otherwise with ISI.

Name: _____

Email: _____

Address only if e-mail not available: _____

E-MAIL MAILINGS -

E-Newsletter goes to President, Head Coach & Athlete Representative, unless otherwise specified.

President Name: _____

Email: _____

Head Coach Name: _____

Email: _____

Athlete Rep Name: _____

Email: _____

POOLS – Used for practice, invitational, etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

POOL FACILITIES -	#1	#2	#3	#4	#5	#6
Outdoor ?	_____	_____	_____	_____	_____	_____
Indoor ?	_____	_____	_____	_____	_____	_____
Length ?	_____	_____	_____	_____	_____	_____
Width ?	_____	_____	_____	_____	_____	_____
# of Lanes ?	_____	_____	_____	_____	_____	_____
Pool Depth measured at 1.5M from each end						
Shallow ?	_____	_____	_____	_____	_____	_____
Deep ?	_____	_____	_____	_____	_____	_____
Is pool certified?	_____	_____	_____	_____	_____	_____

SAFETY OFFICERS AT POOLS

- Pool #1 _____
- Pool #2 _____
- Pool #3 _____
- Pool #4 _____
- Pool #5 _____
- Pool #6 _____

THIS APPLICATION IS TO BE ACCOMPANIED WITH A COPY OF CLUB BY-LAWS, unless copy on file is still current. File copy dated _____

The club hereby agrees to abide by the constitution, by-laws and rules of USA Swimming & Iowa Swimming, Inc. and respect, abide by and enforce all decisions of its Board of Directors.

Signed _____

Title _____ **Date** _____