United States Masters Swimming - Florida Gold Coast LMSC

APPLICATION FOR TRANSFER OF CLUB MEMBERSHIP

			vill be completed) must accompany entry form. T	his
roof must be obtained from the	Registrar in either lei	tter or new car	d form.	
LAST NAME	FIR	ST NAME	M.I.	
			()	
STREET ADDRESS			HOME TELEPHONE	
CYPY	CITE A ITEM	ZIP	()	
CITY	STATE	ZIP	WORK TELEPHONE	
DATE OF BIRTH (MM/DD/YY)	AGE	SEX	EMAIL ADDRESS	
Diffe of Bix111 (Mixi/BB/11)				
	<i>INCLU</i>	DE COPY OF YO	UR CURRENT USMS CARD	
FORMER REGISTRATION NUM	BER			
FORMER REGISTRATION NUM	BER			
"The last day that I compete	d for my former club wo		(Month/Day/Year).	
"The last day that I compete I hereby certify that it has l	d for my former club wo peen at least 60 days sin	ce I last compete	ed for my former club. If I an entering a	
"The last day that I compete I hereby certify that it has l	d for my former club wo peen at least 60 days sin	ce I last compete		
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"The last day that I compete I hereby certify that it has l USMS National Champions	d for my former club wo peen at least 60 days sin	ce I last compete	ed for my former club. If I an entering a ärst day of the National Championship Meet."	
"The last day that I compete I hereby certify that it has l USMS National Champions SIGNATURE:	d for my former club wo peen at least 60 days sin hip event, the 60 days w	ce I last compete	ed for my former club. If I an entering a ärst day of the National Championship Meet."	
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