

MACM MEMBERSHIP APPLICATION

PARENT'S INFORMATION

DATE OF APPLICATION: _____

Name:

First Middle Last

First Middle Last

Address: _____
Street (Apt) City State Zip

Contact Information: (____) _____ (____) _____ (____) _____
Home Telephone Mobile Telephone Mobile Telephone

Email Address: _____

Email Address: _____

SWIMMER #1 INFORMATION

USAS ID:

Name:

First Middle Last DOB

Mobile Telephone (____) _____ Email Address: _____

Office Use- Roster GP Billing GP USAS New/TRF

SWIMMER #2 INFORMATION

USAS ID:

Name:

First Middle Last DOB

Mobile Telephone (____) _____ Email Address: _____

Office Use- Roster GP Billing GP USAS New/TRF

SWIMMER #3 INFORMATION

USAS ID:

Name:

First Middle Last DOB

Mobile Telephone (____) _____ Email Address: _____

Office Use- Roster GP Billing GP USAS New/TRF