

# VIRGINIA SWIMMING

## 2017 CLUB MEMBERSHIP INFORMATION

DATE \_\_\_\_\_ WEBSITE URL FOR CLUB \_\_\_\_\_

**CLUB NAME** \_\_\_\_\_ **CLUB CODE** \_\_\_\_\_

**CLUB MAILING ADDRESS** \_\_\_\_\_

**Please all pages of this form and return to the VSI Office as soon as possible so that records can be updated and mailings sent to the appropriated individuals.**

**CLUB PRESIDENT** \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(USA membership is not required for Club President)

**CONTACT PERSON** \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(USA membership not required for Club Contact)

**HEAD COACH** \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(Head Coach must be a 2011 non-athlete registered member of USA Swimming)

**CLUB REGISTRAR** \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(USA membership is not required for Club Registrar)

**CLUB TREASURER** \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(USA membership is not required for Club Treasurer)

**DELEGATES TO THE VIRGINIA HOUSE OF DELEGATES**  
**[MUST BE A REGISTERED MEMBER OF USA SWIMMING]**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Athlete's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ALTERNATES**

5. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

6. Athlete's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Coaches Currently Affiliated with Team:**


**This form can be completed online using Adobe Reader, saved, and then attached to an email.  
If using a Mac, select 'Print' and then 'Save as PDF' before attaching.**