



REG DATE / OFF USE ONLY	NAME OF MEET/DATE(S)						
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							<input type="text"/>

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE						
<input type="text"/>	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							<input type="text"/>	<input type="text"/>

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

- DISABILITY:**
- A. Legally Blind or Visually Impaired
 - B. Deaf or Hard of Hearing
 - C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
 - D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY** (You may make up to two choices if appropriate):
- Q. Black or African American
 - R. Asian
 - S. White
 - T. Hispanic or Latino
 - U. American Indian & Alaska Native
 - V. Some Other Race
 - V. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

MICHIGAN SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:

**MICHIGAN SWIMMING OFFICE
JAN CARTMILL
PO BOX 1784
MIDLAND, MI 48641-1784
E-Mail: jbcartmill@hughes.net**

REGISTRATION FEE	
USA Swimming Fee	\$10.00
LSC Fee	0.00
TOTAL DUE	\$10.00

YEAR LAST REGISTERED: _____
HIGH SCHOOL STUDENTS - Year of high school graduation: _____

SIGN HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (*must be 13 years of age or older*)