MINNESOTA SWIMMING, INC.
NON-ATHLETE/COACH TRANSFER APPLICATION

Rev 9-1-05

Transfer Fee: $3.00

Check one:

____Transfer-In from another LSC
____Transfer from one club to another in the same LSC
____Change of Information Only (No Fee)

NAME: _____ _____ _____
Last Name | Legal First Name | Middle Name or Initial

_____ _____ _____ _____
Preferred Name | Gender | Date of Birth | USA Swimming ID#

Current Address: _____ _____
NEW? Yes / No | Address & Street | City | State | Zip Code

Home Phone Number: _____ _____ - _____ **E-Mail Address**: _____
NEW? Yes / No | Area Code

Cell Phone Number: _____ _____ - _____

MEMBERSHIP TYPE (Check One Below):

☐ **Individual** ☐ **Family** ☐ **Sports Medicine** ☐ **Sustaining** ☐ **Life**

OLD INFORMATION

Previous Club Name (or UN) **:** _____ Club Code: _____ LSC: _____

NEW INFORMATION

Name of New Club (or UN): _____ Club Code: _____

Check all that Apply: ☐ Coach – Full Time ☐ Coach - Part Time ☐ Official ☐ Other

1. *Transferring Coach Members: Attach current copies of Safety Certifications*
2. *Transferring Officials: Contact the Official's Chair for LSC procedures*

_____ _____
Signature of Applicant | **Date of Request**

IF YOU HAVE A FAMILY MEMBERSHIP – complete a second transfer form for second family member (NO CHARGE for 2nd member)

Return this form, along with a processing fee of $3.00 (Transfer Only) to:
Minnesota Swimming, 1001 Highway #7, Hopkins, MN 55305

OFFICE USE ONLY Date Received: _____ ☐ Fee Paid Check # _____ (_____)