



APPLICATION FOR TRANSFER OF CLUB AFFILIATION

NAME _____ USMS REG. NUMBER _____

ADDRESS _____

FORMER AFFILIATION _____ NEW AFFILIATION _____

PHONE () _____ EMAIL _____

USMS Transfer Fee paid by Pacific Masters.

I hereby certify that it is at least 60 days since I last competed for any club.

(signature): _____ Date: _____

Return this completed form to:

Chris Ottati
Pacific Masters
380 La Vista Road
Walnut Creek, CA 94598