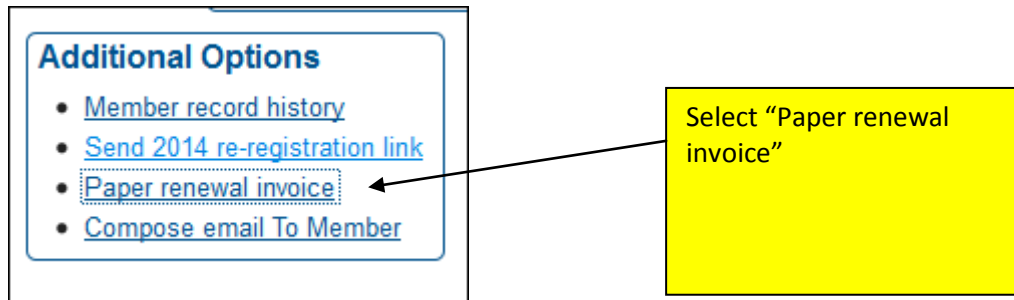


Print a Paper Renewal Invoice for a Member

Occasionally you may have a member who does not have a computer and needs to renew his membership using a paper form. You can create and print a renewal invoice from a member's record.

Search and find the member using the Member Search function. Open the member's record and scroll to the bottom. Under Additional Options, select the paper renewal invoice:



The invoice is a Word (.doc) file. You can open it in Word (or any other program that opens .doc files) or save it to your computer.

An example of the renewal invoice can be viewed on the next page...

2014 U.S. Masters Swimming Renewal Invoice

Your 2013 USMS membership expired on **December 31, 2013**. To avoid missing any issues of *SWIMMER* magazine, as well as the opportunity to compete in swim meets, open water swims, postal meets, and national and international meets, please renew today.

USMS Registered swimmers are covered with secondary accident insurance (1) in practices supervised by a USMS member where all swimmers are USMS registered, and (2) in USMS sanctioned meets where all competitors are USMS registered.

Please review the registration information below, make any necessary corrections, and SIGN the waiver at the bottom. You are currently registered as follows:

2013 USMS Number: 023P-033B4	Primary Phone: (603) 437-9999 (Not OK to contact via text message)
First Name: Tracy	Secondary Phone: (603) 490-8888 (OK to contact via text message)
Middle Initial: L	Email Address: tracyswims@mindspring.com
Last Name: Grilli	Date of Birth: 05/18/1977
Suffix:	Gender: F
Address: PO Box 185 Londonderry, NH 03053	
LMSC: New England	Club: New England Masters Swim Club (NEM)
	Workout Group: Granite State Penguins (NH) (GSP)

2014 Registration Fees

USMS National Fee:	\$35.00
New England LMSC Fee:	\$7.00
New England Masters Swim Club Club Fee:	\$6.00
Optional Donation to USMS Swimming Saves Lives Fund:	\$ _____
Optional Donation to International Swimming Hall of Fame:	\$ _____
Optional Donation to the New England LMSC:	\$ _____
Total:	\$ _____

WAIVER: I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters swimming (training and competition) including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature (required): _____ **Date:** _____

Please make check for total amount payable to: New England LMSC

Mail check and completed form to:
John Doe
PO Box 555
Anytown, RI 02842
(401) 666-3333