



To join United States Swimming, Inc. and Southern California Swimming, Inc., an organization must be comprised of individuals interested in and desirous of cooperating in, fostering and promoting swimming under those Corporations' jurisdiction.

If accepted, our club designates the following Club representatives to the Southern California Swimming House of Delegates:

**First Representative:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Second Representative:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Third Representative:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The first representative will be the voting member of the House of Delegates. It is the responsibility of each club's president or secretary to inform the SCS Office of any change of representative or change of club address in writing.

**Southern California Swimming will mail ALL official correspondence to the contact person named on this form at the Club address (unless otherwise specified) pending written notification by the Club president or secretary.**

Principal pool: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other pools used by Club: \_\_\_\_\_

MAIL COMPLETED FORM AND APPLICATION FEE TO:

Southern California Swimming  
PO Box 30530  
Santa Barbara, CA 93130-0530