

Minnewaska Distance Swimmers Association

MDSA • P.O. Box 233 • New Paltz, NY 12561 • (845) 895-5012
www.minnewaskaswimmers.org info@minnewaskaswimmers.org

Swimmer Information Form for New Membership TO ACCOMPANY SWIM TEST (*do not use if you have an online application*)

PROSPECTIVE MEMBERS: Please bring this filled-out form, along with \$20 membership fee cash or check only, to a scheduled test. You **MUST bring 2 driver's license size photos** (headshot, 1 X 1-1/4 inches) to use for your membership cards. There is also a separate pool entrance fee.

PLEASE PRINT CLEARLY:

NAME: _____ PHONE(s): (____) _____ ; (____) _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

NOTE: *email addresses are very important to MDSA and will not be shared; please PRINT legibly.*

EMAIL: _____

EMERGENCY CONTACT — REQUIRED: (name) _____
(phone) _____

MDSA is on Facebook: Unless you are sure you'll have a regular swimming companion who is also an MDSA member, go online to **Facebook** and request to join our **Facebook Group** Minnewaska Distance Swimmers Association, where, e.g., you can also exchange information regarding swimming or housing exchanges. You'll be accepted only after you pass the swim test and become a member.

VOLUNTEER OPPORTUNITIES: We cannot maintain this organization and our minimal membership fee without help from our members. Please consider where you could volunteer. Whatever time you have would be appreciated.

~WE REALLY NEED ACTIVE VOLUNTEERS~

- Computer assistance
- Clerical assistance — mailings, maintaining supplies, phone calls, etc.
- Swimming tester — be part of a team to test new members
- Volunteer guide (see below*) — take a two-hour Saturday, Sunday, or holiday shift at our MDSA beach to promote safe usage, explain membership criteria to public, etc.
- Treasurer assistance
- Miscellaneous (your suggestions): _____

*Re Volunteer Guides: On a nice weekend it is often difficult to get into the park after 11AM without a long wait. Our Volunteer Guides are allowed immediate entry.

Certification by MDSA indicating that such individual has complied with testing requirements.

AM'T PAID: _____
CHECK #: _____

FOR MDSA USE ONLY—INITIAL EACH STAGE as COLLECTED or COMPLETED:

TEST DATE: _____; RISK/RELEASE: _____; PAID: _____ PASSED: _____; CARD&LETTER: _____