LIFESAVING SOCIETY®
The Lifeguarding Experts

LIFESAVING SOCIETY'S AFFILIATED MEMBER RENEWAL OR AFFILIATION REQUEST FOR THE YEAR: ____

IDENTIFICATION (Complete only in case of modifications.)

Organization:	Member #:
Person in charge:	Job title:
Address:	
City:	Postal Code:
Telephone:	Fax:
E-mail:	Internet site:

You wish to receive your correspondence : in French ❒ English ❒ / by e-mail ❒ mail ❒

TYPE OF ORGANIZATION (Complete if there are modifications.)

Type of operations: Annual ❒ Summer ❒ Boat Operator Accredited Training (BOAT) ❒ Emergency Care (EC) ❒ Nautical ❒ Swiftwater ❒

Type of facility: indoor pool ❒ outdoor pool ❒ waterpark ❒ waterfront ❒ other :

Type of organization: municipality ❒ non-profit organization ❒ private enterprise ❒ hotel / motel ❒ vacation camp ❒ camping ❒ educational institution ❒ individual person ❒ other :

TRAINING(S) OFFERED (Complete if there are modifications.)

Swim Patrol ❒ Bronze Star ❒ Bronze Medallion ❒ Bronze Cross ❒ Lifesaving sport ❒ Standard First Aid ❒
Emergency First Aid ❒ CPR-ABC ❒ Aquatic Emergency Care ❒ Lifesaving Instructor ❒ Boat Operator Accredited Training ❒
National Lifeguard Service - Pool (NLS-P) ❒ NLS - Waterfront option (NLS-W) ❒ NLS – Surf option (NLS-S) ❒ NLS- Waterpark option (NLS-WP) ❒
Others:

PURCHASES (Complete if there are modifications.)

Do you have to use a purchase order: yes ❒ no ❒ If yes, for the awards ❒ If yes, for the purchases ❒

Delivery address: same as above ❒ other : _____

Billing address: same as above ❒ other : _____

Person in charge of accounts payable: same as above ❒ other : _____ tel. : _____ @ _____

RESPONSABILITY (This form must be signed.)
Our organization binds to manage the programs of the Lifesaving Society in accordance with its policies and regulations.

Except for EC and BOAT trainings, you must enclose a proof of your public liability insurance for an amount of 1 million dollars ($ 1 000 000) or more.

_____ Name

_____ Signature

_____ Date

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