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

4545 Pierre-De Coubertin, PO Box 1000, Station M, Montréal (Québec) H1V 3R2 T. 514-252-3100 / 1 800 265-3093 - F. 514-254-6232
Information : Ginette Desormeaux, ext. 3589 / gdesormeaux@sauvetage.qc.ca