



AFFILIATE MEMBER INFORMATION – 2020

Organization Name	
Mailing Address _____ _____ _____	Billing Address _____ _____ _____
Other Addresses (e.g. summer, winter, etc.) _____ _____	
<i>Shipping Address: NOTE that materials sent to Rural Routes and P.O. Boxes must be sent via Canada Post. Please provide street address, if possible</i>	
Primary Contact _____ Member ID _____ Position/Title _____ Phone Number () _____ Fax Number () _____ Email _____	Secondary Contact _____ Member ID _____ Position/Title _____ Phone Number () _____ Fax Number () _____ Email _____

Affiliation (Only affiliate members may become Swim Licencees): <input type="checkbox"/> Annual Affiliate fee → \$ 100.00 per facility to a maximum of \$600.00 per year. <input type="checkbox"/> Swim License – Summer only → \$146.00 <input type="checkbox"/> English CD <input type="checkbox"/> French CD <input type="checkbox"/> Both CDs Information and pricing for year-round Swim Licenses are available from Sindy Parsons (sindyp@lifeguarding.com) or 416-490-8844		
Organization is a: <input type="checkbox"/> Municipal Recreation Dept. <input type="checkbox"/> Elementary School <input type="checkbox"/> University <input type="checkbox"/> YMCA, YM/YWCA, Family Y <input type="checkbox"/> Secondary School <input type="checkbox"/> Canadian Forces Base <input type="checkbox"/> Camp <input type="checkbox"/> Board of Education <input type="checkbox"/> Lifesaving Sport Club <input type="checkbox"/> Private Program <input type="checkbox"/> Community College <input type="checkbox"/> Other		
Organization Operates: <input type="checkbox"/> All year round <input type="checkbox"/> Summer only	Course held at: <input type="checkbox"/> client's facilities <input type="checkbox"/> facilities operated by affiliate (please complete next page)	Purchasing Information: Purchase Order required to order goods <input type="checkbox"/> Yes <input type="checkbox"/> No Blanket P.O. # _____ Expiry Date _____

FOR OFFICE USE		
Membership fee paid:	Amount: \$ _____	Date: _____
Affiliation Setup:	Code: _____	Area: _____

LIFESAVING SOCIETY AFFILIATE – Facility Information:

Facility #1		
Facility Type: <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Backyard Pool <input type="checkbox"/> Wave/Leisure Pool <input type="checkbox"/> Waterfront/Beach <input type="checkbox"/> Dryland Training Site	Facility Information: Name: _____ Address: _____ _____ _____ Phone #: _____	Contact Information: Contact Person: _____ _____ Member ID: _____ _____ Title: _____ _____

Facility #2		
Facility Type: <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Backyard Pool <input type="checkbox"/> Wave/Leisure Pool <input type="checkbox"/> Waterfront/Beach <input type="checkbox"/> Dryland Training Site	Facility Information: Name: _____ Address: _____ _____ _____ Phone #: _____	Contact Information: Contact Person: _____ _____ Member ID: _____ _____ Title: _____ _____

Facility #3		
Facility Type: <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Backyard Pool <input type="checkbox"/> Wave/Leisure Pool <input type="checkbox"/> Waterfront/Beach <input type="checkbox"/> Dryland Training Site	Facility Information: Name: _____ Address: _____ _____ _____ Phone #: _____	Contact Information: Contact Person: _____ _____ Member ID: _____ _____ Title: _____ _____

Facility #4		
Facility Type: <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Backyard Pool <input type="checkbox"/> Wave/Leisure Pool <input type="checkbox"/> Waterfront/Beach <input type="checkbox"/> Dryland Training Site	Facility Information: Name: _____ Address: _____ _____ _____ Phone #: _____	Contact Information: Contact Person: _____ _____ Member ID: _____ _____ Title: _____ _____

Facility #5		
Facility Type: <input type="checkbox"/> Indoor Pool <input type="checkbox"/> Outdoor Pool <input type="checkbox"/> Backyard Pool <input type="checkbox"/> Wave/Leisure Pool <input type="checkbox"/> Waterfront/Beach <input type="checkbox"/> Dryland Training Site	Facility Information: Name: _____ Address: _____ _____ _____ Phone #: _____	Contact Information: Contact Person: _____ _____ Member ID: _____ _____ Title: _____ _____