



LIFESAVING SOCIETY®
The Lifeguarding Experts

LIFESAVING SOCIETY ONTARIO NEW AFFILIATE MEMBER APPLICATION FORM

HOW TO APPLY

Complete this application form and email it to certifications@lifeguarding.com. Alternatively, you can mail it to the branch office at 400 Consumers Road, Toronto, ON M2J 1P8. A branch representative will contact you once your application has been reviewed.

* Indicates a required field

SECTION 1: ORGANIZATION INFORMATION

* **Organization Name** (required): _____

* **Mailing Address** (required): _____

* **Billing Address** (required): _____

Materials sent to Rural Routes and P.O. Boxes must be sent via Canada Post. Please provide a street address, if possible.

* **Shipping Address** (required): _____

Other Addresses (optional):

Please specify street address and type (e.g. Summer address, Warehouse, etc.)

Address 1: _____

Address 2: _____

Address 3: _____

*** Organization Type (required):**

- | | |
|---------------------------------|-------------------------|
| Board of Education | Private Program |
| Camp | Secondary School |
| Canadian Forces Base | University |
| Community College | YMCA, YM/YWCA, Family Y |
| Elementary School | Other (please specify): |
| Lifesaving Sport Club | _____ |
| Municipal Recreation Department | |

Additional Lifesaving Society Licenses and Services (optional):

The Affiliate Member fee includes all lifesaving programs, including licenses for Sport Fundamentals, Swim to Survive®, Inside Tracker, and access to the Instant Awards system. The Affiliate Member fee does not include a Swim for Life License which permits you to offer the Swim Program. Affiliates have the option to add an annual or seasonal (summer only) Swim for Life License.

To receive more information via email on any of the Society’s additional licenses and/or services listed above, please indicate your choice(s) below:

- | | |
|-----------------------|-----------------|
| Inside Tracker | Swim to Survive |
| Instant Awards System | Swim for Life |
| Sport Fundamentals | |

*** Primary Contact Information (required):**

Name & Position/Title: _____

Member ID: _____

Phone #: _____

Fax #: _____

Email: _____

*** Secondary Contact Information (required):**

Name & Position/Title: _____

Member ID: _____

Phone #: _____

Fax #: _____

Email: _____

SECTION 2: PURCHASING INFORMATION

*** A purchase order (PO) is required to order goods (required):** Yes No

Answer the next two questions ONLY if you answered 'YES', otherwise, skip to Section 3:

*** Purchase Order # (required):** _____

*** Expiry Date (YYYY / MM/ DD) (required):** _____

SECTION 3: COURSES

*** Your courses will be held at (required):**

Client's facilities (Skip to Section 5)

Facilities operated by affiliate

SECTION 4: FACILITIES

Facility #1

Facility Name: _____

Address: _____

Contact Name & Position/Title: _____

Member ID: _____

Phone #: _____

Fax #: _____

Email: _____

This facility operates: Year-Round Summer season only

Facility Type:

Backyard Pool

Outdoor Pool

Dryland Training Site

Waterfront / Beach

Indoor Pool

Wave / Leisure Pool

Facility #2

Facility Name: _____

Address: _____

Contact Name & Position/Title: _____

Member ID: _____

Phone #: _____

Fax #: _____

Email: _____

This facility operates: Year-Round Summer season only

Facility Type:

- | | |
|-----------------------|---------------------|
| Backyard Pool | Outdoor Pool |
| Dryland Training Site | Waterfront / Beach |
| Indoor Pool | Wave / Leisure Pool |

Facility #3

Facility Name: _____

Address: _____

Contact Name & Position/Title: _____

Member ID: _____

Phone #: _____

Fax #: _____

Email: _____

This facility operates: Year-Round Summer season only

Facility Type:

- | | |
|-----------------------|---------------------|
| Backyard Pool | Outdoor Pool |
| Dryland Training Site | Waterfront / Beach |
| Indoor Pool | Wave / Leisure Pool |

Facility #4

Facility Name: _____

Address: _____

Contact Name & Position/Title: _____

Member ID: _____

Phone #: _____

Fax #: _____

Email: _____

This facility operates: Year-Round Summer season only

Facility Type:

- | | |
|-----------------------|---------------------|
| Backyard Pool | Outdoor Pool |
| Dryland Training Site | Waterfront / Beach |
| Indoor Pool | Wave / Leisure Pool |

Facility #5

Facility Name: _____

Address: _____

Contact Name & Position/Title: _____

Member ID: _____

Phone #: _____

Fax #: _____

Email: _____

This facility operates: Year-Round Summer season only

Facility Type:

- | | |
|-----------------------|---------------------|
| Backyard Pool | Outdoor Pool |
| Dryland Training Site | Waterfront / Beach |
| Indoor Pool | Wave / Leisure Pool |

SECTION 5: AFFILIATE WEB ADMINISTRATOR

- This agreement confirms that your organization wishes to designate a Web Administrator under the following conditions:
- The organization shall remain a current Affiliate member in good standing with the Lifesaving Society.
- The Web Administrator shall be responsible for providing access to, and removing access from representatives of the affiliate, "E-commerce users".
- E-commerce users shall have the authority to purchase products and services via the Society's online store, LifeguardDepot.com and have the purchases charged to the Affiliate's account.
- The Affiliate member shall be responsible for payment of all invoices ordered by E-commerce users on the account at the time of purchase.
- E-commerce users shall have the authority to pay invoices online via Affiliate credit card (if credit card has been provided to them by the Affiliate).
- E-commerce users shall have the authority to log on and view the Affiliate's account history, outstanding invoices, and notices of awards on hold via the Society's web site, www.lifesavingsociety.com.
- This agreement shall be in place when signed by an authorized representative of the Affiliate member, approved by the Lifesaving Society and shall remain in place until cancelled in writing.

*** Web Administrator Information (required):**

Name: _____

Member ID: _____

Phone #: _____

Email: _____

*** Affiliate Representative Information (required):**

Name & Position/Title: _____

Member ID: _____

Phone #: _____

Email: _____

*** By checking the box below, you confirm that you have the authority to agree to the conditions in the agreement and appoint the Web Administrator on behalf of the Affiliate. (required)**

Yes, I confirm

SECTION 6: INSIDE TRACKER

Inside Tracker is a tool that was designed specifically for affiliates. It provides up to the minute confirmation of your staff members' certifications and can track the test sheets that have been sent to the Lifesaving Society.

Check test sheets:

- Exams in Process: see what test sheets have been received and are in process.
- Exams on hold: see a list of exams missing information or a qualified examiner.
- Awards on hold: see what candidate awards are flagged and why.

Check staff certifications:

- Create custom queries that give you up to the minute data.
- Create a staff roster by adding your staff members once.
- Assign staff members to a facility or create your own groups (e.g., on-call staff).
- Query which staff members are certified and which are about to expire.
- Create a Find a Member report with the click of a button.

Inside Tracker Administrator Information

The Inside Tracker Administrator shall be responsible for providing access to, and removing access from representatives of the affiliate

Name: _____

Phone #: _____

Email: _____