



## AFFILIATE MEMBER INFORMATION

<b>Organization Name</b> _____		
<b>Mailing Address</b> _____	<b>Billing Address</b> _____	
<b>Other Addresses (e.g. summer, winter)</b> _____		
<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>		
<b>Primary Contact</b> _____	<b>Secondary Contact</b> _____	
<b>Member ID</b> _____	<b>Member ID</b> _____	
<b>Position / Title</b> _____	<b>Position / Title</b> _____	
<b>Phone Number</b> _____	<b>Phone Number</b> _____	
<b>Fax Number</b> _____	<b>Fax Number</b> _____	
<b>Email</b> _____	<b>Email</b> _____	
<b>Organization is a:</b>		
<input type="checkbox"/> Municipal Recreation Department	<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
<b>Organization operates:</b>	<b>Course held at:</b>	<b>Purchasing Information:</b>
<input type="checkbox"/> All year round	<input type="checkbox"/> Client's facilities	Purchase Order required to order goods <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Summer only	<input type="checkbox"/> Facilities operated by affiliate (please complete next page)	Blanket P.O. # _____
		Expiry Date _____

Please return to [certifications@lifeguarding.com](mailto:certifications@lifeguarding.com)



FACILITY #1		
<b>Facility Type:</b> <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	<b>Facility Information:</b> Name: _____ Address: _____ _____ _____ Phone #: _____	<b>Contact Information:</b> Contact Person: _____ _____ Member ID: _____ Title: _____
FACILITY #2		
<b>Facility Type:</b> <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	<b>Facility Information:</b> Name: _____ Address: _____ _____ _____ Phone #: _____	<b>Contact Information:</b> Contact Person: _____ _____ Member ID: _____ Title: _____
FACILITY #3		
<b>Facility Type:</b> <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	<b>Facility Information:</b> Name: _____ Address: _____ _____ _____ Phone #: _____	<b>Contact Information:</b> Contact Person: _____ _____ Member ID: _____ Title: _____
FACILITY #4		
<b>Facility Type:</b> <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	<b>Facility Information:</b> Name: _____ Address: _____ _____ _____ Phone #: _____	<b>Contact Information:</b> Contact Person: _____ _____ Member ID: _____ Title: _____
FACILITY #5		
<b>Facility Type:</b> <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	<b>Facility Information:</b> Name: _____ Address: _____ _____ _____ Phone #: _____	<b>Contact Information:</b> Contact Person: _____ _____ Member ID: _____ Title: _____