

LIFESAVING SOCIETY ONTARIO MEMBER ACCOUNT UPDATE FORM

Legal name change requests and date of birth corrections must be supported by government-issued documentation, in accordance with the Lifesaving Society's <u>Change of Name Policy</u>. The policy can be viewed online at: <u>www.lifesavingsociety.com/policies/change-of-name-policy.aspx</u>

Please complete this application form and select your verification method:

If Submitting Copies: Email the form and your documentation to experts@lifeguarding.com. Alternatively, you can mail the form and documentation to the Lifesaving Society Ontario – Member Services Centre at 11 – 475 Cochrane Drive, Markham, ON L3R 9R4.

If Arranging Virtual Verification: Email the completed form to experts@lifeguarding.com without documentation. Members (or a parent/legal guardian, if the member is 17 or under) may arrange to meet virtually (via videoconference) with a designated staff member to provide proof. Staff will contact you to arrange the meeting.

A branch representative will contact you once your application has been reviewed.

* Indicates a required field

Member ID (required)✓

CURRENT MEMBER INFORMATION

List all IDs if you have	more	than	one:

Name on Member Record (required)
First Name(s):
Middle Name(s):
Last Name(s):

* Date of Birth (yyyy/mm/dd) (required):

Confirmed by:

INFORMATION UPDATES REQUESTED

Preferred Name:		
Legal Name:		
First Name(s):		
Middle Name(s):		
Last Name(s):		
Date of Birth: (yyyy/mm/dd):		
Permanent Mailing Address:		
Street # and Street Name:		
P.O. Box or RR:		
Apt./Unit/Suite:		
City:		
Province:		
Postal Code:		
Email:		
Phone:		
Bus. Phone:		
Fax:		
* Verification Method		
I will submit copies via email or mail.	I will arrange a virtual meeting (videoconference)	
OFFICE USE ONL	Υ	
Type of identification provided:		
Birth Certificate	Ontario Photo Card	
Change of Name Certificate	Passport	
Citizenship Card	Permanent Resident Card	
Marriage Certificate		

Date (yyyy/mm/dd):