



LIFESAVING SOCIETY®
The Lifeguarding Experts

Five Year Affiliate Registration Form

Affiliate Name: _____

Mailing Address: _____ City: _____

Postal Code: _____ Seasonal Contact Name: _____

Year Round Contact: _____ Year Round Phone: _____

Email: _____ Fax: _____

CIRCLE ONE

Affiliate Type: Camp Municipality Park School University YMCA Private

<u>Affiliate Registration Fees</u>	
1. Year-round Affiliation – Single facility – (Jan 1 - Dec 31)	\$ 150.00
2. Seasonal Affiliation (any four month period)	\$ 80.00
3. Multiple Facility Affiliation – (includes year-round and seasonal facilities)	
• First year-round facility	\$150.00
• Additional year-round facilities (offering Society programs)....	\$ 75.00
• Seasonal Facilities, each (offering Society programs)	\$ 80.00
• Independent Affiliate.....	\$ 25.00
• Information Affiliate.....	\$ 20.00
❖ The maximum charge for any Multiple Facility Affiliation is \$200.00/year	

Facility Name: _____ Indoor Outdoor Waterfront

Facility Mailing address: _____ Phone # _____

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Please Turn Over

Invoicing

Does your Facility wish to have Invoicing privileges? _____ If Yes please read the following statement and sign below before returning this form to the Branch Office.

Any Affiliation Form returned without a signature at the end of this statement will tell us that your facility does not wish to have invoicing privileges.

The party hereby agrees that the Purchaser (Affiliate) grants to the Royal Life Saving Society Canada Newfoundland and Labrador Inc. a purchase money security interest in any and all purchases it makes and which form the substance of any invoice and the Royal Life Saving Society Canada Newfoundland and Labrador Inc. retains title and interest in the said goods despite the fact the goods are in the possession of the Purchaser, until all sums due and payable by the Purchaser are made to the Royal Life Saving Society Canada Newfoundland and Labrador Inc.. The said purchase money security interest so granted continues in the goods and proceeds thereof until the full amount of the invoice, plus interest when applied, has been paid in full.

Authorized By: _____ Date: _____

Do you wish us to use a Blanket Purchase Order number on your invoices?

Blanket PO Number: _____ PO Start Date (m/d/y) _____ PO End Date (m/d/y):

Are Invoices sent to the address at the top of the form? If no, please provide correct address here:

Are Orders/Supplies sent to the address at the top of the form? If no, please provide address here:

Affiliate Agreement

Please sign below to indicate that you are returning a signed Affiliate Agreement along with this Affiliation form. **An Affiliation form that does not have a signature below will not be processed.**

Please retain a copy of the Affiliate Agreement for your own records.

Representative's Signature: _____

Please retain a copy of this form for your records and return the original to the Lifesaving Society Branch Office