



AFFILIATE MEMBER INFORMATION

Organization Name _____		
Mailing Address _____	Billing Address _____	
Other Addresses (e.g. summer, winter) _____		
<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 _____	Secondary Contact _____	
Member ID _____	Member ID _____	
Position / Title _____	Position / Title _____	
Phone Number _____	Phone Number _____	
Fax Number _____	Fax Number _____	
Email _____	Email _____	
Organization is a:		
<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
Organization operates:	Course held at:	Purchasing Information:
<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 info@lifesavingnl.ca



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: _____