



AFFILIATE MEMBER INFORMATION – 2014

Name of Organization _____

Address _____

Website _____

Billing Address _____

Contact Person _____
 Member ID _____
 Title _____
 Phone Number () _____
 Fax Number () _____
 Email _____

Contact Person _____
 Title _____
 Phone Number () _____

Shipping Address: Materials sent to Rural Routes and PO Boxes must be sent via Canada Post. Please provide street address, if possible.

Winter _____

Summer _____

Affiliation (Only Affiliate members may become Swim Licensees):

- Annual Affiliate fee
 Swim License → English CD French CD Both CDs

Information and pricing for Swim Licenses are available from Angela Johnson (angelaj@lifesavingnb.ca) or 506-455-5762

Organization is a:

- | | | |
|---|---|---|
| <input type="checkbox"/> Municipal Recreation Dept. | <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 |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Board of Education | <input type="checkbox"/> Private trainer |
| <input type="checkbox"/> Private company | <input type="checkbox"/> Community College | <input type="checkbox"/> Other (specify)
_____ |

Organization Operates:

- All year round Summer only

Courses held at: facilities operated by affiliate (please complete next page), or
 client's facilities

Purchasing Information:

Purchase Order required to order goods Yes No

Blanket P.O. # _____ Expiry Date _____

(Please complete reverse side)

FOR OFFICE USE

Membership fee paid: Date _____ Amount _____ Invoice # _____

Code _____ Area _____

LIFESAVING SOCIETY AFFILIATE - Facility Information:

Name _____
Address _____

Indoor Pool Outdoor Pool Waterfront
 Dryland Site Wave/Leisure Pool Backyard Pool
Facility Phone # () _____
Contact Person _____
Title _____
Email _____

Name _____
Address _____

Indoor Pool Outdoor Pool Waterfront
 Dryland Site Wave/Leisure Pool Backyard Pool
Facility Phone # () _____
Contact Person _____
Title _____
Email _____

Name _____
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Title _____
Email _____

Please copy this sheet if required.