LIFESAVING SOCIETY

The Lifeguarding Experts

LIFESAVING SOCIETY
LEADERSHIP RECERTIFICATION CREDIT CARD

Surname _____ Given name _____ Birth date _____
(yy mm dd)

Street _____ Apt. # _____ ID # _____

City/Town _____ Prov _____ Postal code _____ Home phone _____

Email _____ Bus. phone _____ Ext. _____

Please ☒ the awards you wish to recertify	Instructor	Examiner	Inst. Trainer
Swim		✕	
Lifesaving			
Bronze Cross			
Distinction			
BOAT		✕	
Standard First Aid			
National Lifeguard			
Coach Level _____			

For office use - date card(s) issued: _____

CREDIT RECORD

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Did you remember to:

☐ Enclose validated credit card totaling three credits.

   Calculate the recertification fee based on the number of awards you wish to recertify.

☐ Enclose cheque, money order, or credit card authorization by the card holder (Visa, MasterCard or American Express) for the recertification fee.

☐ Send to the LIFESAVING SOCIETY - 70 Melissa St, Fredericton, New Brunswick E3A 6W1 Ph: 506-455-5762 Fax: 506-450-7946 Email: info@lifesavingnb.ca Web: www.lifesavingnb.ca

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CREDIT CARD PAYMENT AUTHORIZATION 2014

You may submit your credit card and payment by e-mail to info@lifesavingnb.ca as follows:

✎Refer to the current Credit List to ensure your credits are valid for the awards you wish to recertify.

✎Complete the credit card information above identifying a minimum total of 3 credits.

✎Calculate the payment amount: The 2015 fee is $22.35 for the first leadership award recertified plus $7.20 for each additional leadership award recertified at the same time to a maximum of $50.00.

✎Complete the credit card payment section below.

✎Print or save a copy of the credit card for your records.

✎In Adobe Acrobat or Adobe Reader, go to "Attach to e-mail" on the FILE menu or simply click the SUBMIT button. Send to info@lifesavingnb.ca.

✎You will receive a copy of your credit card receipt with your new certification card(s).

I authorize the Lifesaving Society to charge my credit card as follows:

☐ Visa ☐ MasterCard ☐ AMX

_____
Name on Credit Card

_____ _____
Card number   Exp date

_____
Payment amount (optional)
(we will calculate at the time of processing)

_____
Date submitted

OFFICE USE ONLY

_____
Date transaction processed

_____ _____
Authorization #   Processed by