



# 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		<del>_____</del>	
Lifesaving			
Bronze Cross			
Distinction			
BOAT		<del>_____</del>	
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 - 34-55 Whiting Road, Fredericton, New Brunswick E3B 5Y5 Ph: 506-455-5762 Fax: 506-450-7946 Email: info@lifesavingnb.ca Web: www.lifesavingnb.ca

## 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

\_\_\_\_\_ Exp date \_\_\_\_\_  
Card number

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

\_\_\_\_\_ Date submitted

### OFFICE USE ONLY

\_\_\_\_\_ Date transaction processed

\_\_\_\_\_ Authorization # \_\_\_\_\_ Processed by \_\_\_\_\_