

## AFFILIATE MEMBER INFORMATION – 2017

Name of Organization _____	Contact Person _____
Address _____	Member ID _____
_____	Title _____
_____	Phone Number ( ) _____
Website _____	Fax Number ( ) _____
Billing Address _____	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 \_\_\_\_\_  
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 \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please copy this sheet if required.