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	Trainer
Swim		✕	
Lifesaving			
Standard First Aid			
Airway Management			✕
CPR-HCP			✕
National Lifeguard			
Aquatic Supervisor		✕	
Pool Operator		✕	
Safety Inspector		✕	
Coach		✕	
Other:			
Other:			
Other:			
Other:			
Other:			

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. (Examiner recert is free if sent with instructor recert credits.)

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, NB, E3A 6W1. Ph: 506 455 5762 Fax: 506 450 7346 Email: info@lifesavingnb.ca   Web: www.llifesavingnb.ca

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CREDIT CARD PAYMENT AUTHORIZATION 2018

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 2018 fee is $30.00 for the first leadership award recertified plus $8.50 for each additional leadership award recertified at the same time to a maximum of $55.00.

✎ 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. 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   AMEX
Name on Credit Card

_____
Card number   Exp date

	OFFICE USE ONLY
_____ Payment amount (optional) (we will calculate at the time of processing)	
	Date transaction processed
_____ Date submitted	_____ Authorization # Processed by