



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		X	
Lifesaving			
Standard First Aid			
National Lifeguard			
Aquatic Supervisor		X	
Pool Operator		X	
Safety Inspector		X	
SEE Auditor		X	
Officials		X	
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.

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

Email: info@lifesavingnb.ca Web: www.lifesavingnb.ca

CREDIT CARD PAYMENT AUTHORIZATION 2024

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 2024 fee is \$37.50 for the first leadership award recertified plus \$32.50 for each additional leadership award recertified at the same time to a maximum of \$85.00.
- 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

_____ 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