

AFFILIATE MEMBER REGISTRATION – 2017

Organization Name		
Mailing Address	Billing Address	
Other Addresses (e.g. summer, winter, etc.)		
Shipping Address: NOTE that materials sent to Rural provide street address, if possible	I Routes and P.O. Boxes must be sent via Canada Post. Please	
Primary Contact	Secondary Contact	
Member ID	Member ID	
Position/Title	Position/Title	
Phone Number()	Phone Number()	
Fax Number ()	Fax Number ()	
Email	Email	
or 30,000 population \$365.00 o Sport Fundamentals License \$77.00 Organization is a: Municipal Recreation Dept. Elementa YMCA, YM/YWCA, Family Y Secondat Camp Board of Private Program Commun Organization Operates: All year round Client's fa	Year-round \$150.00 per outdoor seasonal facility \$ 106.00 or <10,000 population \$264.00	
	operated by affiliate goods Yes No omplete next page) Blanket P.O. # Expiry Date	
FOR OFFICE USE		
Membership fee paid: Amount: \$		
Affiliation Setup: Code:	Area:	

11 Austin St, St. John's, NL A1B 4C1 Phone: 709-576-1953 Fax: 709-738-1475 Email: info@lifesavingnl.ca Website: www.lifesavingnl.ca

LIFESAVING SOCIETY AFFILIATE – Facility Information:

Facility #1		
Facility Type:	Facility Information:	Contact Information:
🗌 Indoor Pool	Name:	Contact Person:
🗌 Outdoor Pool	Address:	
Backyard Pool		Member ID:
Wave/Leisure Pool		
Waterfront/Beach		Title:
Dryland Training Site	Phone #:	
Facility #2		
Facility #2		
Facility #2 Facility Type:	Facility Information:	Contact Information:
	Facility Information: Name:	Contact Information: Contact Person:
Facility Type:	-	
Facility Type:	Name:	
Facility Type: Indoor Pool Outdoor Pool	Name:	Contact Person:
Facility Type: Indoor Pool Outdoor Pool Backyard Pool	Name:	Contact Person: