

Surname	Given na	Given name		
Street		ID #		
		Apt. #		
City/Town	Prov Posta	I code	Home phone	
Email		Bus	. phone Ext.	
Please ¥	the awards you wish			
110030	Instructor	Examiner	Trainer	
Swim	Instructor	Examiner	ITalliel	
Lifesaving				
First Aid				
National Lifeguard				
Aquatic Supervisor				
Pool Operator		\leq		
Safety Inspector		\leq		
SEE Auditor		\leq		
Officials		\leq		
SEE Auditor		\leq		
Officials		\geq		
Coach		\sim		

For office use - date card(s) issued:

CREDIT RECORD				
Course	Credit value			
Dication 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 - 11 Austin Street, P.O. Box 8065, Stn A, St. John's, NL A1B 3M9. Ph: 709 576 1953 Fax: 709 738 1475 Email: info@lifesavingnl.ca Web: www.lifesavingnl.ca

CREDIT CARD PAYMENT AUTHORIZATION 2021

You may submit your credit card and payment by e-mail to *info@lifesavingnl.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 2021 fee is \$30.00 for the first leadership award recertified plus \$8.95 for each additional leadership award recertified at the same time to a maximum of \$60.00.
- 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@lifesavingnl.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	I authorize the	Lifesaving	Society	to charge	mv credit	card as follows
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		Visa	Maste	rCard AMEX
ee.	Name on Credit Card			
Stn	Card number		Exp date	
	Payment amount (optional) (we will calculate at the time of processing)	OFFICE USE ONL	Y	
		Date transaction pro	cessed	
	Date submitted	Authorization #		Processed by