



# 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		<input checked="" type="checkbox"/>	
Lifesaving		<input checked="" type="checkbox"/>	
First Aid		<input checked="" type="checkbox"/>	
National Lifeguard		<input checked="" type="checkbox"/>	
Aquatic Supervisor		<input checked="" type="checkbox"/>	
Pool Operator		<input checked="" type="checkbox"/>	
Safety Inspector		<input checked="" type="checkbox"/>	
SEE Auditor		<input checked="" type="checkbox"/>	
Officials		<input checked="" type="checkbox"/>	
SEE Auditor		<input checked="" type="checkbox"/>	
Officials		<input checked="" type="checkbox"/>	
Coach		<input checked="" type="checkbox"/>	

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 - 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 2022

You may submit your credit card and payment by e-mail to [info@lifesavingnl.ca](mailto: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 2022 fee is \$30.75 for the first leadership award recertified plus \$9.15 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](mailto: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:

\_\_\_\_\_ 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