



LIFESAVING SOCIETY®

The Lifeguarding Experts

2021 AFFILIATE REGISTRATION ORGANIZATION

| | |
|-------------------------------------|-----------|
| Organization - Single Facility | |
| January – December | \$ 120.00 |
| Seasonal | \$ 85.00 |
| Organization - Multiple Facilities | |
| First facility..... | \$ 120.00 |
| Additional January – December | \$ 65.00 |
| Additional Seasonal..... | \$ 55.00 |

| | |
|---------------------|--------|
| Organization Name: | |
| Main Contact/Title: | |
| Address: | |
| Phone #: | Email: |
| Fax #: | Web: |

| | |
|---------------------------|-----------|
| Accounting Contact/Title: | |
| Billing Address: | |
| Phone #: | Email: |
| Fax #: | Comments: |

| | |
|------------------------------|--|
| Facility Name: | |
| Main Facility Contact/Title: | |
| Address: | |
| Phone #: | Email: |
| Fax #: | <input type="checkbox"/> Yearly <input type="checkbox"/> Seasonal – dates open |

(Additional facilities can be listed on a separate page.)

| |
|---|
| PAYMENT |
| <input type="checkbox"/> CREDIT CARD # _____ <input type="checkbox"/> AMEX <input type="checkbox"/> M/C <input type="checkbox"/> VISA |
| NAME ON CREDIT CARD: _____ |
| CREDIT CARD NUMBER: _____ EXPIRY DATE: _____ |

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