



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 Lifesaving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standard First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CPR-HCP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
National Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aquatic Supervisor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pool Operator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Inspector	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Official:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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, or money order for the recertification fee. You may also pay via E-Transfer to info@lifesavingsocietypei.ca

*Send to the LIFESAVING SOCIETY -
PO Box 2411, Charlottetown, PE, C1E 4E6. Ph: (902) 967-4888
Email: info@lifesavingsocietypei.ca Web: www.lifesavingsocietypei.ca*

CREDIT CARD PAYMENT AUTHORIZATION 2024

You may submit your credit card and payment by e-mail to info@lifesavingsocietypei.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 or simply click the SUBMIT button. Send to info@lifesavingsocietypei.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