

Surname	Given na	Birth date (yy mm dd)		
Street	0	Apt. #		
City/Town	Prov Posta	Home phone		
Email		Bu	s. phone Ex	
Please ¥	the awards you wish	n to recertify		
	Instructor	Examiner	Trainer	
Swim		\geq		
Lifesaving				
Standard First Aid				
Airway Management			\geq	
CPR-HCP			\geq	
National Lifeguard				
Aquatic Supervisor		\geq		
Pool Operator		\geq		
Safety Inspector		\geq		
Coach		\geq		
Official:		\geq		
Other:		\geq		
Other:		\geq		

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 - 70 Melissa St, Fredericton, NB, E3A 6W1. Ph: 506 455 5762 Fax: 506 450 7946 Email: info@lifesavingnb.ca Web: www.lifesavingnb.ca

CREDIT CARD PAYMENT AUTHORIZATION 2019

You may submit your credit card and payment by e-mail to *info@lifesavingnb.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 2019 fee is \$30.00 for the first leadership award recertified plus \$8.75 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 or simply click the SUBMIT button. Send to info@lifesavingnb.ca
- You will receive a copy of your credit card receipt with your new certification card(s).

I authorize the Lifesaving So	ciety to cha	rge my cre	dit card as follo	ows:
		Visa	MasterCard	AMEX
Name on Credit Card				
Card number		Exp	odate	
Payment amount (optional)	OFFICE U	SE ONLY		
(we will calculate at the time of processing)	Date transa	action proces	sed	
Date submitted	Authorizati	on #	Process	sed by