



LIFESAVING SOCIETY®

The Lifeguarding Experts

CANDIDATE INFORMATION FORM

NAME:	MEMBER #:	
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE: ()	ALT. PHONE: ()	FAX: ()
EMAIL:	DOB:	YY/MM/DD
NOTE: Please see the Policy and Procedure Manual for information on Recommended minimum Candidate numbers and Candidate Instructor Rules		

Forms must be kept confidential
from other candidates.



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