

Lifesaving Society

Affiliate Delivery Partner Renewal Form

The Lifesaving Society

The Lifesaving Society is a national charitable organization that works to prevent drowning and water-related injuries through swimming, lifesaving, first aid and lifeguard training programs, safety management standards and services, Water Smart® public education, and lifesaving sport initiatives. As an Affiliate Delivery Partner, you are required to pay the annual Affiliation Fee which is current for the calendar year. This year's fees are now due. If you have any questions, please contact us.

By signing this agreement and providing payment for affiliate renewal, you are agreeing to abide by all items listed in the Lifesaving Society [Delivery Partner Agreement](#) and the [Policies and Procedures Manual](#).

If this form is not returned within 30 days, your affiliate status will be changed to inactive and no test sheets will be processed until the Affiliate Renewal Form has been submitted.

Definitions

An Affiliate Delivery Partner may be any one of the following: responsible agency, corporation, association or organization recognized by the Lifesaving Society and are in good standing* with the Society.

Corresponding Partner: This is an individual or organization who would like to be associated with the Society, but is not eligible to run Lifesaving Society programs nor for discounts on Lifesaving Society Services. Corresponding Partners are not voting members of the Society.

BOAT Only Affiliate Delivery Partner: This is an Affiliate Delivery Partner of the Lifesaving Society that is restricted to only running the BOAT program and PCO certification exams. This is a voting member of the Society.

Individual Affiliate Delivery Partner: This is one individual who does not own or operate an aquatic facility who holds current Lifesaving Society Leadership Certification(s). The individual is under this agreement, not a company, as the signing authority. Only the individual who signs the affiliation agreement is authorized to deliver courses under this affiliation. This is a voting member of the Society.

Associate Affiliate Delivery Partner: This is a registered corporation who does not own or operate an aquatic facility. Instructors of an Associate Affiliate are required to hold current Lifesaving Society Leadership Certification(s). Both the individual and the company are under agreement, along with the signing authority. Employees of the corporation under agreement may deliver courses under this affiliation. This is a voting member of the Society.

Aquatic Affiliate Delivery Partner (Aquatic Facilities): defined as any one of the following: responsible agency, corporation, association or organization recognized by the Lifesaving Society and are in good standing with the Society who owns or operates one or more aquatic facilities. There is a fee selection based on the number of aquatic facilities owned by the affiliate. This is a voting member of the Society.

*Delivery Partners in good standing maintain all Affiliate responsibilities and have paid an annual Affiliation fee to the Lifesaving Society.

Affiliate Selection

Please select **one of** the tiers below that best describes your affiliation with the Lifesaving Society as defined in the Definitions Section above:

Selection	Member Type	Annual Fee
	Corresponding Partner	\$55.00
	BOAT Only Affiliate Delivery Partner	\$55.00
	Individual Affiliate Delivery Partner	\$125.00
	Associate Affiliate Delivery Partner	\$200.00
	Aquatic Affiliate Delivery Partner (One Aquatic Facility)	\$250.00
	Aquatic Affiliate Delivery Partner (Two to Five Aquatic Facilities)	\$500.00
	Aquatic Affiliate Delivery Partner (Six to Ten Aquatic Facilities)	\$1,500.00
	Aquatic Affiliate Delivery Partner (Eleven or More Aquatic Facilities)	\$2,750.00

THE MEMBER ACKNOWLEDGES THE TERMS OF THIS AGREEMENT

Member Name:	
Company Name (if applicable):	
Signing Authority Name:	
Position / Title:	
Phone:	Email:
Billing Address	Shipping Address
Address:	Address:
Town / City:	Town / City:
Province / Territory:	Province / Territory:
Postal Code:	Postal Code:
Signature:	
Date:	

THE LIFESAVING SOCIETY ACKNOWLEDGES THE TERMS OF THIS AGREEMENT

Name:	Title:
Signature:	Date:

Facility Information

Please list each facility under your affiliation. Should any of the below information change throughout the year, please notify the Society.

Facility Name	Main Contact	Phone Number	Email	Address