



Username Request Form

Please keep a copy for your records

The Lifesaving Society is happy to bring you Members Only – a feature of our website exclusively for our affiliate members.

Each affiliate will require their own username and password to access Members Only. Please provide an email for your username and contact information.

Affiliate (Facility) Name:

Contact Person:

Affiliate Mailing Address:

Position / Title:

Contact Phone #:

Town/City

Province

Postal Code

Contact Email:

Date: _____

Username: _____

(Please clearly print the email address you would like for a username.)