



## SEE AUDITOR PROGRAM 2017 MANDATORY UPDATE INDIVIDUAL AGREEMENT

### INFORMATION - Please print clearly

<b>NAME:</b>		<b>MEMBER #:</b>
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>PROVINCE:</b>	<b>POSTAL CODE:</b>
<b>PHONE: (    )</b>	<b>ALT. PHONE: (    )</b>	<b>FAX: (    )</b>
<b>EMAIL:</b>	<b>DOB:</b>	<b>YY/MM/DD</b>

### CONDITIONS - Please read and complete

- |  | Completed                |
|--|--------------------------|
| 1. I have reviewed the information in the SEE Auditor Program 2017 Mandatory Update Guide.<br>Download from <a href="http://www.lifesaving.org">www.lifesaving.org</a> | <input type="checkbox"/> |
| 2. I understand the new SEE Audit and reporting process.   | <input type="checkbox"/> |
| 3. I have reviewed and understand the changes to SEE Audit Reports.  | <input type="checkbox"/> |
| 4. I have reviewed and understand the changes to policies and procedures.  | <input type="checkbox"/> |
| 5. I have read, understood and completed the conditions above.   | <input type="checkbox"/> |

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please submit completed form to the Lifesaving Society.**

FOR OFFICE USE ONLY	
<b>DATE PROCESSED</b>	<b>PROCESSED BY</b>