



Lifesaving Society Apprenticeship Application Form

APPRENTICE INFORMATION - Please print clearly

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

APPRENTICESHIP INFORMATION - Please print clearly

COURSE:
DATES:
LOCATION:
LEAD INSTRUCTOR / TRAINER:

FOR OFFICE USE ONLY - Do not write below

DATE PROCESSED:	PROCESSED BY:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reason(s) application denied:	