

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