



MEMBERSHIP APPLICATION

"providing fun social connections, valued experiences & leadership development"

MEMBERSHIP CATEGORIES *(select one)*

- ☐ **FULL MEMBERSHIP:** (Must hold a current or past National Lifeguard Certification or equivalent and are at least 16 years of age)
- ☐ **ASSOCIATE MEMBERSHIP:** (Individual who is at least 16 years of age and allies with the VLA Mission, Vision and Values)

APPLICANT INFORMATION (*) *Registry List Information*

First Name*	Last Name*	Date of Birth (YYYY/MM/DD)

Mailing Address	City, Province	Postal Code

Email Address*	Cell Phone Number	Home Phone Number

***REGISTRY LIST INFORMATION*:** As per BC Societies Act the "registry list" is a public list of all VANCOUVER LIFEGUARD ASSOCIATION members. When deemed appropriate and following the policies & procedures, anyone within the membership may obtain the information provided above with marked with a (*). The term "Member Class" refers to a voting or non-voting member status

MEMBER CLASS *(Must be 16 years of age to vote, paid membership fees, and a member in good standing)*

- ☐ VOTING MEMBER ☐ NON-VOTING MEMBER

CERTIFICATIONS & AWARDS *(Select ALL that apply)*

- ☐ NATIONAL LIFEGUARD POOL OPTION
- ☐ NATIONAL LIFEGUARD WATERFRONT OPTION
- ☐ NATIONAL LIFEGUARD WATERPARK OPTION
- ☐ INTERNATIONAL LIFEGUARD CERTIFICATION
- ☐ NATIONAL LIFEGUARD SURF OPTION
- ☐ OTHER: _____

- ☐ STANDARD FIRST AID CPR-C & AED
- ☐ EMERGENCY FIRST AID
- ☐ PARAMEDIC OR NURSE
- ☐ LIFESAVING INSTRUCTOR
- ☐ WATER STAFETY INSTRUCTOR
- ☐ OTHER: _____



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MEMBERSHIP QUESTIONNAIRE

1) Why do YOU want to be a MEMBER of the Vancouver Lifeguard Association (VLA)?

2) What are YOU interested in being INVOLVED with the VLA? (*Select ALL that apply*)

- | | |
|--|--|
| <input type="checkbox"/> VOLUNTEERING | <input type="checkbox"/> JOINING BOARD OF DIRECTORS & OFFICERS |
| <input type="checkbox"/> JUNIOR LIFEGUARD PROGRAMS | <input type="checkbox"/> JOINING COMMITTEES |
| <input type="checkbox"/> EMPLOYEEMENT or CONTRACT WORK | <input type="checkbox"/> SOCIAL & EVENTS |
| <input type="checkbox"/> OTHER: _____ | |

3) Do you work or volunteer currently as a lifeguard, swim instructor, in recreation services or first responder in British Columbia? If so tell us about your involvement? ☐ YES or ☐ NO

4) Have you ever been a member, volunteer, or worked as an employee or contractor with the VLA? If so, in what capacity(s) and for how long? ☐ YES or ☐ NO | ☐ CURRENTLY



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VOLUNTEERING

In order to volunteer with the Vancouver Lifeguard Association, you must be a **MEMBER** of the organization and have completed the **YEARLY Volunteer Information Form & Liability Wavier** and provide a copy of your current certifications, licenses or awards.

For more information please visit the [volunteer page](http://www.vancouverlifeguards.com/volunteer) at (www.vancouverlifeguards.com) or email (volunteers@vancouverlifeguards.com).

To become a member, please **fill out this application completely** and submit it with your **membership fee** and copy of your **National Lifeguard Award** to any VLA Board of Directors, Managers, Coordinators, membership@vancouverlifeguards.com or mail to:

Vancouver Lifeguard Association
#10 – 4575 Clancy Loranger Way, Vancouver BC V5Y 2M4
membership@vancouverlifeguards.com

I would like to become a member of the Vancouver Lifeguard Association (VLA), and have filled out this application completely and accurately. I understand the policies & by-laws that are applicable to this membership. I am submitting dues of \$ _____ along with my application and agree that this information will be held on my record for as long as I am a member.

Printed Applicant Name: _____

Applicant Signature: _____ Date: ____/____/____

The VLA FULL Membership Fees are \$20 per year & ASSOCIATE Membership Fees are \$10 per year (May 1st – April 31st). This fee is non-refundable and will be used towards your VLA giveaways, member perk & discounts, events, socials, and VLA programs.

OFFICE USE	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> DECLINED
APPLICATION RECEIVED DATE: _____		
MEMBER #:	_____	MEMBERSHIP FEE\$: _____
METHOD OF PAYMENT:	_____	FILED BY: _____