



NEWFOUNDLAND AND LABRADOR SEARCH AND RESCUE ASSOCIATION INC.



APPLICATION FOR MEMBERSHIP AND CERTIFICATION

APPLICATION TYPE: *(please select one of the following):*

MEMBERSHIP

CERTIFICATION

PLEASE PRINT CLEARLY

TEAM NAME: _____

APPLICANT: _____
(Surname) (Given Name) (Initial)

DATE OF BIRTH: _____
(dd) (mm) (yy)

ADDRESS: _____

DATE JOINED _____

COURSES TAKEN AND EXAMS WRITTEN FOR: *(please select one of the following):*

Searcher I

Searcher II

Searcher III

Search Manager*

* Search Manager can not be tested for at the team level. The NLSARA Inc. requires that potential Search Managers be trained and tested by Trainers certified by the Provincial Training Standards Committee.

COURSE DATES: _____ **TOTAL HRS:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____
(dd) (mm) (yy)

We, the undersigned, certify that the above named applicant has attended the training course and passed the written examination for the indicated level.

Training Officer

(Print Name) (Signature) (dd) (mm) (yy)

Team Executive Member

(Print Name) (Signature) (dd) (mm) (yy)

**Please forward completed form(s) to the following address:
 NLSARA Inc., 8 Paradise Rd., Paradise, NL, A1L 3B4**

OFFICE USE ONLY

Date Received: _____ **Date of Certification:** _____
(dd) (mm) (yy) (dd) (mm) (yy)