

**Association of
Saskatchewan
Forestry
Professionals**

Application for Membership

Name: _____

Date: _____

Required documents enclosed:

Membership Application Form

Non-refundable Application Fee of \$50 payable to the ASFP

Proof of Graduation

– Copy of degree or diploma or Official transcript of marks

Letter (or email) from Registrar of other Professional Provincial Forestry Association stating membership in good standing

Detailed Description of Work Experience

Letters of Reference - 2

Sponsors Letters – 2

The ASFP reserves the right to request further documentation to support any candidate's application and consideration for membership.

Please mail completed application package to:
Association of Saskatchewan Forestry Professionals
137— 1061 Central Avenue
PRINCE ALBERT SK S6V 4V4

Phone: (306) 960-8682 Fax: (306) 764-7461
Web site: www.asfp.ca

**Association of
Saskatchewan
Forestry
Professionals**

Application Form

PREFERRED TITLE: MR. ___ MRS. ___ MS. ___ MISS ___ DR. ___

MALE ___ FEMALE ___ BIRTH DATE: ___ / ___ / ___
dd mm yyyy

PLEASE PRINT:

LAST NAME: _____
ADDRESS: _____
CITY: _____
PROVINCE: _____
POSTAL CODE: _____

FIRST NAME: _____
E-MAIL: _____
HOME NO: (____) _____
FAX NO: (____) _____
WORK NO:(____) _____

CATEGORY OF MEMBERSHIP APPLIED FOR:

Check box:

- i) Registered Professional Forester (RPF)
- ii) Registered Professional Forest Technician (RPFT)
- iii) Forester in Training (FIT)
- iv) Forest Technologist in Training (FTIT)

POST SECONDARY EDUCATION (Provide additional sheets if necessary)

| INSTITUTION | PROGRAM | DEGREE/DIPLOMA | DATE OF GRADUATION |
|-------------|---------|----------------|--------------------|
| | | | |
| | | | |

*Attach proof of graduation.

| | |
|--|---|
| Have you been refused membership in any other professional association? No Yes – why? _____ _____ _____ | Membership in other forestry and technical organization / associations? _____ _____ _____ _____ |
|--|---|

EXPERIENCE:

Pease attach a resume providing complete details of present and past employment duties and responsibilities.

REFERENCES:

| | |
|----------------------|-------------------|
| | Reference: |
| Name: | |
| Job title: | |
| Organization: | |
| Phone #: | |

| |
|-------------------|
| Reference: |
| |
| |
| |

Reference forms must be sent directly to the ASFP Registrar by the individual providing a professional reference for the ASFP applicant.

SPONSORS:

| | |
|---------------|-----------------|
| | Sponsor: |
| Name: | |
| RPF # | |
| RPFT # | |

| |
|-----------------|
| Sponsor: |
| |
| |

Sponsors form must accompany application for any member seeking the FIT or FTIT designation

I hereby certify that the foregoing and any other documents submitted by me in connection with this application are a true record of my education and experience and, if granted registration under the terms of Forestry Professions Act and By-laws, I hereby agree to carry out the terms of the Act, the ASFP's by-laws and Code of Ethics.

This information is for Internal use of the ASFP only.

SIGNATURE OF APPLICANT: _____

DATE: _____

ASFP OFFICE USE ONLY

Action Recommended:

Application Received: (dd/mm/yyyy) _____

Application Fee Received: (dd/mm/yyyy) _____

Recommendation to Membership Committee:

Registrar, ASFP _____

EXECUTIVE ACTION

Date: _____ Recommendations: _____

President, ASFP _____ Secretary _____

Applicant Notified: _____ Name entered in Register: _____

Registration # entered in Registrar: _____ Certificate Forwarded: _____