

# Association of Saskatchewan Forestry Professionals

## Membership Application Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Required documents enclosed:

- Membership Application Form
- Non-refundable Application Fee of \$50 payable to the ASFP
- Proof of Graduation 
  - Official transcript of marks
- Detailed Description of Work Experience - Resume

For transferring Professionals, letter of good standing to be sent directly to the Registrar, ASFP

*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  
102C— 1061 Central Avenue  
PRINCE ALBERT SK S6V 4V4  
  
Phone: (306) 922-4655  
Web site: www.asfp.ca

### ASFP OFFICE USE ONLY

Application Received: (dd/mm/yr):	
Application Fee Received: (dd/mm/yr):	
Receipt Issued:	

# Association of Saskatchewan Forestry Professionals Membership Application Form

Please Print

Preferred Title: Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss. \_\_\_ Dr. \_\_\_

Last Name First Name Middle Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Contact Information:**

Home Phone:	Work Phone:
Email:	Fax:
Cell:	

Gender: (M / F) \_\_\_\_\_

Birth Date: (dd/mm/yr) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CATEGORY OF MEMBERSHIP APPLIED FOR:**

- |   |  |
|---|--|
| <p><b>i) Registered Professional Forester (RPF)</b></p> <p><b>ii) Registered Professional Forest Technician (RPFT)</b></p> <p><b>iii) Forester in Training (FIT)</b></p> <p><b>iv) Forest Technologist in Training (FTIT)</b></p> | <p><b>Check box:</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
|---|--|

**POST SECONDARY EDUCATION (Provide additional sheets if necessary)**

INSTITUTION and PROGRAM DEGREE/DIPLOMA DATE OF GRADUATION

Have you been refused membership in any other professional association?

No  Yes – why?

Are you a member in other forestry and technical organization / associations?

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*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.*

**All information provided in this application is for the internal use of the ASFP only.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

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**ASFP OFFICE USE ONLY**

Recommendation to Admissions Committee:

Date: \_\_\_\_\_

Recommendation:

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Registrar: \_\_\_\_\_

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Admissions Committee Action:

Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

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Chair, Admission Committee, ASFP \_\_\_\_\_

Applicant notified:	Name entered in Register:
Registration # entered in Registrar	Certificate Forwarded: