

## Membership Application Checklist – Canadian Applicants

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

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

### Required documents enclosed:

Membership Application Form

Non-refundable Application Fee of \$50 payable to the ASFP  
(ettransfers are accepted at [Admin@asfp.ca](mailto:Admin@asfp.ca))

Proof of Graduation (Official transcript of marks must come directly to ASFP  
from graduating institution)

Detailed Description of Work Experience - Resume

Two completed sponsorship forms

*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  
Box 331, Station Main  
PRINCE ALBERT SK S6V 5R7

**Alternately:** Email package accepted at [Registrar@asfp.ca](mailto:Registrar@asfp.ca)

Phone: (306) 922-4655 (message only)

Web site: [www.asfp.ca](http://www.asfp.ca)

### ASFP OFFICE USE ONLY

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

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:      | Cell:       |

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

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

CATEGORY OF MEMBERSHIP:

Check box:

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

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 – Please explain why.

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**Are you a member in other forestry and/or technical organizations / associations?  
Please list.**

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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:    |

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