

**APPLICATION:  
RESTRICTED MEMBERSHIP FOR TEMPORARY PROJECTS**

Date of Application (YYYY/MM/DD): \_\_\_\_\_

Have you previously held an ASFP Restricted Membership?

No  Yes If yes, date of last occurrence: \_\_\_\_\_

Please provide the dates of all ASFP Restricted Membership held previously.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. Personal Information**

Name: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Legal Last Name Legal First Name Middle Name(s)

Preferred Name: \_\_\_\_\_ Salutation (optional):  Mr.  Ms.  Mrs.  Dr.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

I am a member in good standing of these professional associations and have authorized them to confirm my good standing:

Designation: \_\_\_\_\_ Membership# \_\_\_\_\_ Province of Registration: \_\_\_\_\_

Designation: \_\_\_\_\_ Membership# \_\_\_\_\_ Province of Registration: \_\_\_\_\_

Designation: \_\_\_\_\_ Membership# \_\_\_\_\_ Province of Registration: \_\_\_\_\_

N/A

**2. Address**

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

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

Country: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

### 3. Privacy Statement

The *Freedom of Information and Protection of Privacy Act* does not allow the ASFP to release a member's personal information without their consent. The ASFP publishes a membership list of its members on its website ([www.asfp.ca](http://www.asfp.ca)). NOTE: The ASFP's mailing list is not released to advertisers or any other outside parties.

### 4. Description of Work

- a) Please provide a description of the project, and the professional forestry work you will be performing: (attach an additional sheet if required)

- b) Please include a written statement of work excerpted from the contract relevant to your application?

Attached? No  Yes

- c) Please include evidence outlining your knowledge related to the duties applied for (e.g., Resume, educational transcripts, course certificates, description of current job duties, etc.)

Attached? No  Yes

- d) Dates Restricted Membership is required: From: \_\_\_\_\_ To: \_\_\_\_\_  
YYYY/MM/DD YYYY/MM/DD

Note: all Restricted Memberships expire on December 31. Applicants are responsible to reapply at least three months prior if Restricted Membership is required after this date.

- e) Will you be working in Saskatchewan and/or providing services remotely?
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- f) Is any of the above information to be treated as commercially confidential? If so, specify:
-

## 5. Declaration

The following declaration is required of Restricted Members in order to legally practice professional forestry on Saskatchewan "forested land" as defined in *The Forest Resources Management Act*:

In lieu of writing the ASFP Registration exam, I declare that I have sufficient knowledge of all relevant legislation, standards and guidelines required in order to competently perform the work cited within all requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This form can be submitted electronically to [registrar@asfp.ca](mailto:registrar@asfp.ca) for timely consideration by the Admissions Committee.**

**You must also mail a signed, original form which must be received before a restricted membership is issued.**

Mail to address:

Association of Saskatchewan Forestry Professionals

Box 331, Station Main

PRINCE ALBERT SK S6V 5R7

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

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

## 6. Payment

Please include the \$50 non-refundable application fee along with this completed application form.

Cheque    eTransfer accepted at Admin@asfp.ca

Membership fees are payable upon approval of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Providing false information is considered professional misconduct.**

**For Office Use Only:**

**Approval Date:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Member #:** \_\_\_\_\_