

Membership Application Form – Student

Preferred Title: _____ First Name _____ Middle Name _____ Last Name _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home _____ Cell _____ Work _____

Email: _____

Gender: (M / F) _____ Birth Date: (dd/mm/yr) ____ / ____ / ____

Post-Secondary Institution currently attending

Institution: _____

Program: _____

Expected Degree/Diploma: _____

Expected Date of Graduation: _____

Have you been refused membership in any other professional association?

No Yes – Please explain why.

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

Please list.

I hereby certify that I am a student, 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 that, 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. Further I understand student membership expires on December 31, and I must reapply to continue membership.

Signature of Applicant: _____ Date: _____

Student membership is free. Please mail this completed application form to:

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

Alternatively, the application can be sent to Registrar@asfp.ca.

ASFP Office use only

Admissions Committee Action

Recommendation:

Chair, Admissions Committee _____ Date: _____

Application Received: (dd/mm/yr):
Applicant notified:
Name entered in Register:
Student Number Assigned: