

## Membership Application Checklist – Transferring Professionals

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

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

### Required documents enclosed:

- Membership Application Form
- Non-refundable Application Fee of \$50 payable to the ASFP  
(etransfers are accepted at Admin@asfp.ca)
- Letter of good standing from all other professional forestry associations to  
which you belong
- Detailed Description of Work Experience - Resume

*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)

Currently, I am a member of the professional association(s) of the following Canadian province(s):

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

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: