



MEMBERSHIP APPLICATION/ RENEWAL FORM

A. Personal

Name: _____ Phone: Home: _____

Mailing Address – Home: _____ Work: _____

_____ Fax: Home: _____

Mailing Address – Work: _____ Work: _____

_____ Email: Home: _____

Preferred Mailing Address: Home Work Email: Work _____

Preferred Email Address: Home Work Neither

Aboriginal Self-declaration: Please check one of the following that is most applicable to your Aboriginal ancestry. This information is voluntary and will not be used for any other prohibited preference as per *The Saskatchewan Human Rights Code*. Instead, this information is used only for reporting Aboriginal participation numbers. ___ Status/Treaty ___ Non-Status ___ Metis ___ Inuit

Please answer the following:

- Yes ___ No ___ I agree that the personal information that I have provided can be used for S.A.R.P. published documents.
 Yes ___ No ___ I agree that my name, title and work contact information can be shared with S.A.R.P. partners and stakeholders.
 Yes ___ No ___ I agree that S.A.R.P. can publish my photo on its website and published documents if taken at an S.A.R.P. event.
 Yes ___ No ___ I'd like to receive emails from S.A.R.P. about news and updates about S.A.R.P. and the recreation profession. I understand I can unsubscribe any time by emailing office@sarponline.ca with "unsubscribe" in the subject heading. (Please note your membership will not be processed until you answer this question)

B. Membership Type

Category (choose ONE)	Fee	Criteria for Membership
<input type="checkbox"/> Professional	\$100	Available to individuals employed in the recreation field in Saskatchewan or any individual retired from active employment in the leisure services field in Saskatchewan and has met the standards set out by S.A.R.P. Individuals must possess a minimum of a diploma in leisure studies and serve a minimum 1 year as an Affiliate Member.
<input type="checkbox"/> Affiliate	\$75	Available to individuals employed in the recreation field in Saskatchewan and possess a minimum of a diploma in leisure studies. Provision of transcripts will be required. (Note: All Professional Members must serve at least one year in the Affiliate Membership category)
<input type="checkbox"/> Associate	\$60	Available to individuals who ascribe to the goals and aims of the Association but are not eligible for membership under other categories or for those whom chose to be Associate Members.
<input type="checkbox"/> Student	FREE	Available to individuals enrolled in an accredited post-secondary program and are not employed full-time. Must be permanent residents of Saskatchewan or attending school in Saskatchewan. A student membership year is September 1 st to August 31 st .
<input type="checkbox"/> Alumni	\$40	Available to individuals who have been a Professional Member but no longer work in the field and would like to maintain contact with S.A.R.P.

C. Post-Secondary Education (Please check your highest completed post-secondary education)

Affiliates and Students ONLY - please indicate your past or current studies and your expected date of completion

Graduate Degree Undergraduate Degree Diploma

Area of Study: _____ Education Institution: _____

Length of Study: _____ Date completed: _____

Student - Expected Date of Completion: _____

Please indicate any additional post-secondary education (and date completed): _____

D. Employment (Required for Affiliate applications, all other members only need to fill out this section if the information has changed since last application or renewal.)

Present Employer: _____

Full-time: Part-time: (Number of hours / week: _____)

Employment Period: From _____ / _____ (Month / Year) to _____ / _____ (Month / Year)

Job Title and Responsibilities: _____

Previous Employer: _____

Full-time: Part-time: (Number of hours / week: _____)

Employment Period: From _____ / _____ (Month / Year) to _____ / _____ (Month / Year)

Job Title and Responsibilities: _____

Previous Employer: _____

Full-time: Part-time: (Number of hours / week: _____)

Employment Period: From _____ / _____ (Month / Year) to _____ / _____ (Month / Year)

Job Title and Responsibilities: _____

E. Specialization (Select an area that best represents your current work environment – leave blank if none apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Parks & Outdoor Rec. | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Therapeutic Recreation | <input type="checkbox"/> Tourism | <input type="checkbox"/> Arts, Culture & Heritage | <input type="checkbox"/> Community Rec. |

F. Declaration

I, the undersigned, do certify that the information stated in this application is true and complete.

Date: _____ Signature: _____

- The following must be enclosed:
- Verification of education for Affiliate applicants (copy of transcripts, diploma or degree)
 - Verification of enrollment for Student applicants (copy of transcripts)
 - Payment of membership fee by cheque or credit card

Credit Number: _____ Expiry Date: _____ Security Code: _____

Please return completed membership form, payment, and supporting documentation to:

Saskatchewan Association of Recreation Professionals, 88 Saskatchewan Street E, Moose Jaw, SK, S6H 0V4

PH: 306-693-7277 or 1-800-667-9267 EMAIL: office@sarponline.ca WEB: www.sarponline.ca

Financial Assistance Provided By:

