

Specialization (Select an area that best represents your current work environment)

- Education Health & Wellness Parks & Outdoor Rec. Sport
- Therapeutic Rec. Tourism Arts, Culture & Heritage Community Rec.

By completing and returning this form you agree to the following...I agree that the personal information that I have provided can be used for S.A.R.P. published documents. I agree that my name, title and work contact information can be shared with S.A.R.P. partners and stakeholders. I agree that S.A.R.P. can publish my photo on its website and published documents if taken at a S.A.R.P. event. I agree to receive emails from S.A.R.P. about news and updates about S.A.R.P. and the recreation profession and understand that I can unsubscribe at any time by emailing office@sarponline.ca with "UNSUBSCRIBE" in the subject heading.

Declaration

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

Date: _____ Signature: _____

Supporting Documentation - The following must be enclosed:

- Verification of Education for Professional applicants (copy of transcripts, Diploma or Degree)

Payment Options:

Cheque (include with application submission) *or credit card* (call office for processing)

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

Saskatchewan Association of Recreation Professionals, PO Box 583, Moose Jaw, SK, S6H 4P2

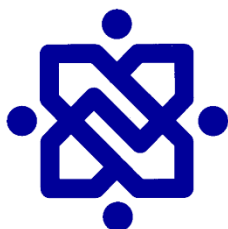
PH: 306-693-7277 EMAIL: office@sarponline.ca WEBSITE: www.sarponline.ca

My Voice

My Profession

Shaping our Future

Membership Application / Renewal



Saskatchewan Association of
**RECREATION
PROFESSIONALS**

ADVOCATE – EDUCATE - NETWORK

Personal Information

Name: _____

Preferred Address: _____

Preferred Phone: _____

Preferred Email: _____

If different than above...

Work Address: _____

Work Phone: _____

Work email: _____

Self Declaration:

If you're interested in sharing with us your ancestry, please do so

here _____

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 participation numbers.

Membership Type (choose one of the following)

___ **Professional (fee \$100)** - Any individual employed in the recreation field or in a related field within Saskatchewan and has graduated from a recognized post-secondary institution with a Diploma or higher in the area of Recreation

___ **Associate (fee \$65)** - Any individual working and/or enrolled in post-secondary in the recreation field within Saskatchewan who ascribes to the goals of the Association but is not eligible for professional membership.

___ **Alumni (fee \$40)** - Any individual who has been a Professional member with the Association, but no longer works in the field of recreation and would like to maintain contact with the Association and field.

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

Graduate Degree Undergraduate Degree Diploma Student

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): _____

Employment (note –educational institutes are considered employers of students for this application)

Present Employer: _____

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

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

Job Title and Responsibilities: _____
