SCPO
Saskatchewan Commission of Professional Outfitters

Membership
REMITTANCE FORM

Membership Period : **January 1st - Dec 31st, 2026**

A

BUSINESS NAME _____

Please identify your outfitting business name as listed with the Ministry of Environment

OPERATING AS _____

If you operate under a different business name, please list this name as well

ADDRESS _____

CITY / TOWN _____ PROVINCE / STATE _____

PHONE _____ POSTAL / ZIP CODE _____

EMAIL _____

FIXED MEMBERSHIP FEE	2026 RATE	APPLICABLE GST	2026 TOTAL
All Members	$300.00	$15.00	**$315.00**

B

☐ *In addition to communication through email, I give SCPO permission to contact me by text message.*

C

☐ *I do not require a 2026 membership certificate*

☐ *Please email a PDF of my 2026 membership certificate*

☐ *Please mail me a printed membership certificate*

D

☐ *I hereby certify that the camp listed is a licensed outfitter or is eligible to be licensed in Saskatchewan, and that I am authorized to submit this information and payment*

PROFESSIONAL COMMITMENT

As an SCPO member, I commit to supporting and complying with professional standards as defined by the membership. I declare my commitment to the following standards:

- **Compliance with all provincial and federal regulations**
- **Completion of SCPO's Code of Ethics and Code of Conduct online modules**
- **The use of a confirmation of agreement with all clients (other than verbal)**
- **The holding of liability insurance.**

NAME _____ SIGNATURE _____

E

Please return this completed form to:

Saskatchewan Commission of Professional Outfitters
PO Box 572 Stn Main Saskatoon, SK S7K3L6

Please see attached letter for payment options.

If paying by cheque, make cheque payable to:
Saskatchewan Commission of Professional Outfitters