

# ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.

## APPLICATION FOR ASSOCIATE MEMBER STATUS



SINCE 1948

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### STANDARDS FOR MEMBERSHIP

The Associate Membership category is designed to allow individuals who are currently enrolled in a professional Forestry degree program or recent graduates to be affiliated with ACF until such time as they meet the qualifications and standards for application for Candidate for Member status. Associate Membership status can only be maintained for three years past graduation, at which time it is anticipated that Candidate for Member application will be made.

### REQUIREMENTS FOR ASSOCIATE MEMBERSHIP APPLICANTS

The following are minimum requirements for Associate Membership status in ACF.

- Be enrolled in a professional forestry degree-granting program recognized by the ACF Executive Committee or be no more than three years post-graduation.
- Be of good character.
- Have a developing interest in the profession of Consulting Forestry.
- Have no economic interest in a timber purchasing or timber procurement entity wherein a potential conflict of interest may exist in serving the public.

### BENEFITS

- Acquire a unique edge in today's competitive job market.
- Identify potential employers.
- Receive information and resources to enhance your education, including ACF sponsored or offered educational opportunities.
- Gain exposure to the profession of consulting forestry.
- Attend Chapter and National meetings where you will have the chance to interact and learn from the "best in the business" of consulting forestry.
- Receive quarterly ACF Newsletters and The Consultant magazine.

### DUES

Current dues for Associate Members are \$25.00 per year. No pro-rations will apply to Associate Member dues.

## PAYMENT INFORMATION

Total: \$25.00      Payment Type (Check one):

Check # \_\_\_\_\_ (payable to ACF)

Visa    MasterCard    American Express    Discover

CC#: \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

# ASSOCIATE MEMBER APPLICATION

## PART ONE – NAME AND ADDRESS

Dr.  Mr.  Ms.  Mrs.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## PART TWO – SCHOOL INFORMATION

### If currently enrolled in school:

College or University: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Expected graduated date: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### If a recent forestry graduate:

College or University attended: \_\_\_\_\_

Degree obtained: \_\_\_\_\_ Year graduated: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Page Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Please indicate preferred mailing address: Home  Business  School

I would like to receive the ACF Newsletter: Electronically  Printed

How did you become aware of ACF? \_\_\_\_\_

## PART THREE – APPLICANT'S AGREEMENT

I hereby certify that I meet all the requirements for membership listed in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_