

# ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.

## APPLICATION FOR AFFILIATE MEMBER STATUS



SINCE 1948

**376 McLaws Circle, Suite 1A**

**Williamsburg, VA 23185-5860**

**TEL: (703) 548-0990 ♦ FAX: (703) 548-6395**

**E-MAIL: MEMBERSHIP@ACF-FORESTERS.ORG**

### **The following are requirements for Affiliate Member status in ACF.**

- 1) Have been a Candidate for Affiliate Member for no less than (1) year nor more than three (3) years.
- 2) Have completed the Practice of Consulting Forestry course between acceptance as a Candidate for Affiliate or Associate Member and application for Affiliate Member status, or no more than six months prior to application for Candidate for Affiliate or Associate Member.
- 3) Have five (5) or more years experience in practical forestry administration management or special forestry classification.

### **Affiliate Member Application Procedures:**

- 1) A properly completed application form with three (3) ACF Member signatures must be sent directly to the Association of Consulting Foresters of America, Inc. 376 McLaws Circle, Suite 1A, Williamsburg, VA 23185
- 2) The National Office will notify Chapter Chair or Regional Director of the Applicant's pending change from Candidate for Affiliate Member status to Affiliate Member status and invite comments.
- 3) The application and all materials pertaining thereto, will be sent to the Executive Committee for consideration. The Executive Committee has one week from the date of sending to make their determination. No response will be considered as approval.
- 4) A negative response by an Executive Committee member must be accompanied by a letter outlining the writer's reason(s). Said letter(s) will then be circulated to the entire Executive Committee for additional review and final vote. One additional week will be granted for review and voting. In this case, no response will be considered as disapproval. A simple majority of the Executive Committee will rule.
- 5) The National Office will notify the applicant of the Executive Committee's action. If affirmative, the applicant will be advised of pro-rata dues increase based on the difference between Candidate and Affiliate dues for the quarter in which the application was approved.

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## PART ONE – NAME AND ADDRESS

Dr.  Mr.  Ms.  Mrs.

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

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

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

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

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Web Page Address: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Spouse Name (if applicable): \_\_\_\_\_

Please indicate preferred mailing address: Home  or Business

## PART TWO – BACKGROUND INFORMATION

Date Candidate for Affiliate Membership approved: \_\_\_\_\_

Practice of Consulting Forestry Course: Date: \_\_\_\_\_ Location: \_\_\_\_\_

Experience since Candidate for Affiliate membership and present duties:

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

## PART THREE – ACF MEMBER SPONSORS

*Note: Three (3) sponsors are required from local ACF chapter (if possible).*

As ACF Members, we hereby certify that we believe that the applicant named above is qualified for Affiliate Member Status in ACF, to the best of our knowledge.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

## PART FOUR – APPLICANT'S CERTIFICATIONS AND AGREEMENT

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

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