ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.
APPLICATION FOR ASSOCIATE MEMBER STATUS

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 ___________________________