Requirements for Candidate for Affiliate Member Applicants

The following are minimum requirements for Candidate for Affiliate Member status in ACF.

1) Be a graduate of a professional forestry or natural resource two-year associate degree-granting program recognized by the ACF Executive Committee. The Executive Committee currently uses the Society of American Foresters Accredited Degree Program in Forest Technology. The Executive Committee may recognize and accept applicants who have achieved either degrees in forestry or related fields if the degrees provide, by the determination of the Executive Committee, a sufficient education and practical experience to allow the prospective member to serve the interests of their clients.

2) Have at least two years of experience in practical forestry administration, forest management or other special forestry classification.

3) Be an individual whose principal activity is forestry consulting work to the public on a fee or contract basis.

4) Be an owner, partner or a significant stockholder in a forestry consulting firm or an employee of a consulting firm owned by one or more ACF members or practice in a firm enrolled in the ACF Practice Monitoring Program.

5) Have no economic interest in a timber purchasing or timber procurement entity wherein a potential conflict of interest may exist in serving the public.

Before applying, look for any apparent conflict between your practice and the provisions of the ACF Constitution, Bylaws and Code of Ethics.

Applicants are required to complete "The Practice of Consulting Forestry" course between acceptance as a Candidate for Affiliate Member and application for Affiliate Member status. Completion of this course no more than six months prior to application or as an Associate Member will be considered as meeting this requirement. The class is currently held at least once a year during the National Conference. A Candidate must demonstrate his or her ability to serve the public within ACF policies, objectives and rules of conduct to qualify for Affiliate Member status.

Dues

The Executive Committee sets annual dues for ACF members. Dues are payable before February 1 of each year. First year Candidate for Affiliate Member dues are pro-rated quarterly, depending on the applicant’s approval date, according to the following schedule: April 1, August 1, November 1. Applicants approved after November 1 are billed for full dues for the following year. For the current dues, check the ACF website or call the national office.

APPLICATION FEE – PAYMENT INFORMATION

Total: $50.00

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 ____________________________
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 - EDUCATION

A college degree is a requirement for ACF Candidate for Affiliate Member Status.

Please list any degrees from SAF accredited institutions during the time you received your education.

Degree ___________________________ Major ___________________________

School ___________________________ Year ___________________________

Degree ___________________________ Major ___________________________

School ___________________________ Year ___________________________

Please list any degrees not from SAF accredited institutions during the time you received your education.

Note: Graduates from institutions that had not been accredited by the Society of American Foresters during the time they received their education must have a transcript forwarded from the school to the ACF national office before the applicant can be approved for Candidate for Affiliate Member status.

Degree ___________________________ Major ___________________________

School ___________________________ Year ___________________________

Degree ___________________________ Major ___________________________

School ___________________________ Year ___________________________
PART THREE – CURRENT AND PRIOR WORK EXPERIENCE

List all professional-level positions in forestry. Please provide detailed information explaining your duties and responsibilities for that position. If you require additional space, please use another sheet of paper. You may submit a detailed resume as a substitute for this section.

CURRENT EXPERIENCE:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Employer Name and Location</th>
<th>Professional Title</th>
<th>Duties and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

PRIOR EXPERIENCE:

<table>
<thead>
<tr>
<th>Length (in years)</th>
<th>Employer Name and Location</th>
<th>Professional Title</th>
<th>Duties and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>To:</td>
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</tr>
</tbody>
</table>

Total years of forestry experience _______________

PART FOUR - REFERENCES

Please provide the names of two clients, one forester, and one personal reference familiar with your forestry experience. All references will be contacted and asked to fill out a reference form.

CLIENT 1 ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. Name ____________________________________________________________

Address ___________________________________________________________________________________

Phone ___________________________________ Email ________________________________________________

CLIENT 2 ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. Name ________________________________________________________

Address ___________________________________________________________________________________

Phone ___________________________________ Email ________________________________________________

FORESTER ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. Name ______________________________________________________

Address ___________________________________________________________________________________

Phone ___________________________________ Email ________________________________________________

PERSONAL ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. Name ______________________________________________________

Address ___________________________________________________________________________________

Phone ___________________________________ Email ________________________________________________
PART FIVE – 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 SIX – CERTIFICATIONS AND AGREEMENTS

In submitting this application for Candidate for Affiliate Member status in the ACF, I agree, understand and pledge to the following:

1) I have never been convicted of a felony or admitted to any crime involving fraud, dishonesty, false statements, or moral turpitude.
2) I do not have any pending criminal or civil actions challenging good moral character or integrity.
3) I have not been found guilty of breaching Code of Ethics of any professional association or organization.
4) I have read, understand, and agree to abide by the Constitution, Bylaws, Polices and Code of Ethics of ACF.
5) As a Candidate for Affiliate Member, I will be entitled and expected to participate in ACF activities and join the state chapter of my choice.
6) As a Candidate for Affiliate Member, I will not use the ACF designation or my ACF affiliation in advertising or in other dealings.
7) I will remain a Candidate for Affiliate Member for not less than one (1) year nor more than three (3) years. During that period, I must meet all the requirements for Affiliate Member status or be dropped from candidacy in the ACF.
8) I hereby irrevocably waive any claims or causes of actions that I may have at any time against ACF, the members of the Executive Committee, Committees of ACF, the local Chapters and their officers and committees, all officials and employees of ACF, and all members, candidates or other persons cooperating with ACF, arising out of or in connection with any act or failure to act by any or all of the aforementioned in connection with the official activities of ACF including but not limited to acts or failures to act in connection with admitting me to candidacy, terminating my candidacy, advancing me to Affiliate Member status or taking disciplinary action against me as a Candidate for Affiliate Member or Affiliate Member.
9) I further acknowledge my understanding that membership shall terminate if any membership requirements are no longer met, or upon a felony conviction, or admission of the commission of an offense constituting a felony.
10) The attached application fee of Fifty Dollars ($50.00) is non-refundable.
11) The approval date of my application establishes the amount of my prorated dues which are payable within two weeks from the date of notification, and the date the prorated dues are received by the National Office shall be the effective date of the Candidate for Affiliate Member status.

Signature ____________________________________ Date ________________________________

Return this form with any attachments and the non-refundable fee of $50.00 to the Association of Consulting Foresters of America, Inc. 376 McLaws Circle, Suite 1A Williamsburg, VA 23185 or membership@acf-foresters.org.