POLICY ON REINSTATEMENT

Any Former Member, Retired Member, Member Inactive or Candidate for Member in the Association of Consulting Foresters, Inc., seeking reinstatement in the Association of consulting Foresters, Inc., must:

1) Meet all ACF requirements for membership in effect at the time the ACF Reinstatement Application form is received by the National Office, and;
2) Review and agree to abide by the Constitution, Bylaws, Policies and Code of Ethics of the ACF, and;
3) Complete a reinstatement application and attach to the application all documentation required under the appropriate section (below) of “Status at Time of Termination,” and;
4) Submit the application to ACF along with a $50.00 non-refundable application fee. Application fees may be by check or credit/debit card, and;
5) If the application for reinstatement is approved, ACF will send the applicant an invoice for the current year’s dues in full as set under the applicable Status at Time of Termination or becoming Member Inactive below.
6) ACF is not obligated to provide an applicant a reason for disapproval of an application for reinstatement

STATUS AT TIME OF REINSTATEMENT

Section A: Resigned in Good Standing

1) Charges: $50.00 non-refundable application fee plus, upon approval, current year’s dues in full (invoiced separately)
2) Continuing Education:
   Full and Affiliate Member
   a. Documentation of acceptable outside credit achieved during the two (2) years preceding the date the Application for Reinstatement is received by the National Office; or,
   b. Documentation of having completed 24 hours of continuing education within the two (2) years preceding the date the Application for reinstatement is received by the National Office.
   Retired and Candidate Members
   a. No Continuing Education required.
   Member Inactive
   a. No Continuing Education Required
Section B: Dropped
Dropped - Nonpayment of dues
Dropped - CE Requirement (Full and Affiliate Members only)

1) Charges: $50.00 non-refundable application fee plus, upon approval, current year’s dues in full (invoiced separately)
2) Continuing Education:
   Full and Affiliate Member
   a. Documentation of acceptable outside credit achieved during the two (2) years preceding the date the Application for Reinstatement is received by the National Office; or,
   b. Documentation of having completed 24 hours of continuing education within the two (2) years preceding the date the Application for reinstatement is received by the National Office.

Retired and Candidate Members
a. No Continuing Education required.

Member Inactive
a. No Continuing Education Required

Section C: Other
Other - Ethics
Other - For Cause

Reinstatement is possible only through special action of the Executive Committee in a special or regularly scheduled meeting at which a quorum of members is present.

A non-refundable processing fee of $50.00 must accompany the application for reinstatement. If the Executive Committee determines that reinstatement is possible, it will set the conditions of reinstatement on a case by case basis. It shall set the amount of penalty and Continuing Education requirements not to exceed the requirements set forth in Section B.

No reason shall be given for denying an application for reinstatement.

PROCEDURE FOR REINSTATEMENT

1) National Office staff is responsible for promptly distributing information and forms to applicants, processing applications, issuing “Notification of Reinstatement Application” informing Applicant’s State Chapter Chair and Regional Director of applications in process, and to provide the Executive Committee with all information received and/or on record.
2) National Office staff will send the application and all materials pertaining thereto to the Executive Committee for consideration. The Executive Committee has one week to make their determination.
3) No reason shall be given for rejection of an Application for Reinstatement.
4) Attach to the Application all necessary evidence of continuing education credits claimed to meet requirements, if necessary.

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 – STATUS (please check the proper responses)

I was previously a __ Member: ☐ Full ☐ Affiliate ☐ Retired ☐ Candidate
Request reinstatement as a __ Member: ☐ Full ☐ Affiliate ☐ Retired ☐ Candidate
Current Status: ☐ Resigned ☐ In Good Standing ☐ Dropped-Dues ☐ Dropped-CE
☐ Dropped-Ethics ☐ Dropped-For Cause ☐ Member Inactive

Effective date of termination/status change: ____________________________________________
Reason for termination/status change (please use additional paper if necessary):________________________
Give history of employment since termination/status change: __________________________________________

PART THREE – ACF MEMBER SPONSORS

Name ______________________ Signature ______________________
Name ______________________ Signature ______________________
Name ______________________ Signature ______________________

PART FOUR – APPLICANT’S AGREEMENT

I have read ACF’s Policy on Reinstatement and agree to all terms and conditions therein. My $50.00 application fee and all required documentation is attached. I understand that in the event my application is rejected, all but the processing fee stipulated in ACF’s policy will be returned to me. I also understand that in event my Application for Reinstatement is rejected, no reason will be given.

Signature ____________________________________________ Date ______________________