

ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.

APPLICATION FOR ASSOCIATE 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

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

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 _____