

**ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.
APPLICATION FOR RETIRED 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**

I, _____, hereby request my membership in the Association of Consulting Foresters of America, Inc., be changed from Full Member Status to **Retired Status** effective _____.

As provided for Article 4 (3) in the ACF Constitution, I hereby confirm that:

- I am currently an ACF Member in good standing.
- I derive my principal income from retirement or disability.
- I will continue to abide by ACF's Constitution, Bylaws, Objectives, Policy and Code of Ethics.

I understand that upon approval of my Retired Status, I will have all those privileges of Member classification except that:

- My dues shall be \$100.00 per year,
- My listing in the ACF Membership Specialization Directory shall be in a "Retired" section and shall include only name, address, and phone number, and
- I am encouraged but not required to meet continuing education requirements.

Signature _____ Date _____

Preferred Address: _____
