

ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.  
CANDIDATE FOR MEMBER APPLICATION



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

**Requirements for Candidate for Member Applicants**

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

- 1) Be a graduate of a professional forestry or natural resource degree-granting program recognized by the ACF Executive Committee. The Executive Committee currently uses the Society of American Foresters Accredited Professional Forestry Degree Program. The Executive Committee may recognize and accept applicants who have achieved either Undergraduate or postgraduate 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 a professional forester, 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 Member and application for 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 Full 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 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 \_\_\_\_\_

# CANDIDATE FOR MEMBER APPLICATION

## PART ONE – NAME AND ADDRESS

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

I would like to receive the ACF Newsletter: Electronically  or Printed

## PART TWO - EDUCATION

**A Bachelor's or higher degree is a requirement for ACF Candidate for 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 Member status.*

Degree \_\_\_\_\_ Major \_\_\_\_\_

School \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

School \_\_\_\_\_ Year \_\_\_\_\_

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## 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:**

Start Date	Employer Name and Location	Professional Title	Duties and Responsibilities

**PRIOR EXPERIENCE:**

Length (in years) From: To:	Employer Name and Location	Professional Title	Duties and Responsibilities

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. References may not be relatives or subordinates of the applicant. ACF Members may serve as references, however, a reference may not also sponsor an applicant. *All references will be contacted and asked to fill out a reference form.*

**CLIENT 1** - Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**CLIENT 2** - Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**FORESTER** - Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**PERSONAL** - Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

# CANDIDATE FOR MEMBER APPLICATION

## PART FIVE – ACF MEMBER SPONSORS

*Note: Three (3) sponsors are required for all applications (from local ACF chapter if possible). Contact the national office to be connected to ACF members in your area. ACF Members who sponsor an applicant may not also serve as an applicant's reference.*

As ACF Members, we hereby certify that we believe that the applicant named above is qualified for Member Status in ACF, to the best of our knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART SIX – CERTIFICATIONS AND AGREEMENTS

In submitting this application for Candidate for 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 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 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 Full Member for not less than one (1) year nor more than three (3) years. During that period, I must meet all the requirements for 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 Full Member status or taking disciplinary action against me as a Candidate for Member or Full 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 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.***