

ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.

APPLICATION FOR AFFILIATE 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

The following are requirements for Affiliate Member status in ACF.

- 1) Have been a Candidate for Affiliate Member for no less than (1) year nor more than three (3) years.
- 2) Have completed the Practice of Consulting Forestry course between acceptance as a Candidate for Affiliate Member and application for Affiliate Member status, or no more than six months prior to application for Candidate for Affiliate Member.
- 3) Have five (5) or more years experience in practical forestry administration management or special forestry classification.

Affiliate Member Application Procedures:

- 1) A properly completed application form with three (3) ACF Member signatures must be sent directly to the Association of Consulting Foresters of America, Inc. 376 McLaws Circle, Suite 1A, Williamsburg, VA 23185
- 2) The National Office will notify Chapter Chair or Regional Director of the Applicant's pending change from Candidate for Affiliate Member status to Affiliate Member status and invite comments.
- 3) The application and all materials pertaining thereto, will be sent to the Executive Committee for consideration. The Executive Committee has one week from the date of sending to make their determination. No response will be considered as approval.
- 4) A negative response by an Executive Committee member must be accompanied by a letter outlining the writer's reason(s). Said letter(s) will then be circulated to the entire Executive Committee for additional review and final vote. One additional week will be granted for review and voting. In this case, no response will be considered as disapproval. A simple majority of the Executive Committee will rule.
- 5) The National Office will notify the applicant of the Executive Committee's action. If affirmative, the applicant will be advised of pro-rata dues increase based on the difference between Candidate and Affiliate dues for the quarter in which the application was approved.

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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 – BACKGROUND INFORMATION

Date Candidate for Affiliate Membership approved: _____

Practice of Consulting Forestry Course: Date: _____ Location: _____

Experience since Candidate for Affiliate membership and present duties:

PART THREE – 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 FOUR – APPLICANT'S CERTIFICATIONS AND AGREEMENT

I hereby certify that I meet all the requirements for membership listed in this application.

Signature _____ Date _____