

**ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.
APPLICATION FOR LIFETIME STATUS**



**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 Lifetime Status.

As provided for Article 3 (2) in the Bylaws of the Association of Consulting Foresters, Inc., I hereby confirm that:

- I have been an ACF Member for a minimum of fifteen years.
- I am currently an ACF Member or Retired 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 as a Lifetime Member I will have all those privileges of Member classification except that:

- My dues will be waived after the initial, one-time \$400 fee,
- My listing in the ACF Membership Directory shall be in the "Lifetime" section and shall include only name, address, and phone number, and
- I am encouraged but not required to meet continuing education requirements.

Signature _____ Date _____