

ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.

APPLICATION FOR REINSTATEMENT



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

POLICY ON REINSTATEMENT

Any Former Member, Retired Member, Member Inactive or Candidate for Member in the Association of Consulting Foresters, Inc., seeking reinstatement in the Association of consulting Foresters, Inc., must:

- 1) Meet all ACF requirements for membership in effect at the time the ACF Reinstatement Application form is received by the National Office, and;
- 2) Review and agree to abide by the Constitution, Bylaws, Policies and Code of Ethics of the ACF, and;
- 3) Complete a reinstatement application and attach to the application all documentation required under the appropriate section (below) of “Status at Time of Termination,” and;
- 4) Submit the application to ACF along with a \$50.00 non-refundable application fee. Application fees may be by check or credit/debit card, and;
- 5) If the application for reinstatement is approved, ACF will send the applicant an invoice for the current year’s dues in full as set under the applicable Status at Time of Termination or becoming Member Inactive below.
- 6) ACF is not obligated to provide an applicant a reason for disapproval of an application for reinstatement

STATUS AT TIME OF REINSTATEMENT

Section A: Resigned in Good Standing

- 1) Charges: \$50.00 non-refundable application fee plus, upon approval, current year’s dues in full (invoiced separately)
- 2) Continuing Education:
 - Full and Affiliate Member
 - a. Documentation of acceptable outside credit achieved during the two (2) years preceding the date the Application for Reinstatement is received by the National Office; or,
 - b. Documentation of having completed 24 hours of continuing education within the two (2) years preceding the date the Application for reinstatement is received by the National Office.
 - Retired and Candidate Members
 - a. No Continuing Education required.
 - Member Inactive
 - a. No Continuing Education Required

Section B: Dropped

Dropped - Nonpayment of dues

Dropped - CE Requirement (Full and Affiliate Members only)

- 1) Charges: \$50.00 non-refundable application fee plus, upon approval, current year's dues in full (invoiced separately)
- 2) Continuing Education:
 - Full and Affiliate Member
 - a. Documentation of acceptable outside credit achieved during the two (2) years preceding the date the Application for Reinstatement is received by the National Office; or,
 - b. Documentation of having completed 24 hours of continuing education within the two (2) years preceding the date the Application for reinstatement is received by the National Office.

Retired and Candidate Members

- a. No Continuing Education required.

Member Inactive

- a. No Continuing Education Required

Section C: Other

Other - Ethics

Other - For Cause

Reinstatement is possible only through special action of the Executive Committee **in a special or regularly scheduled meeting at which a quorum of members is present.**

A non-refundable processing fee of \$50.00 must accompany the application for reinstatement. If the Executive Committee determines that reinstatement is possible, it will set the conditions of reinstatement on a case by case basis. It shall set the amount of penalty and Continuing Education requirements not to exceed the requirements set forth in Section B.

No reason shall be given for denying an application for reinstatement.

PROCEDURE FOR REINSTATEMENT

- 1) National Office staff is responsible for promptly distributing information and forms to applicants, processing applications, issuing "Notification of Reinstatement Application" informing Applicant's State Chapter Chair and Regional Director of applications in process, and to provide the Executive Committee with all information received and/or on record.
- 2) National Office staff will send the application and all materials pertaining thereto to the Executive Committee for consideration. The Executive Committee has one week to make their determination.
- 3) No reason shall be given for rejection of an Application for Reinstatement.
- 4) Attach to the Application all necessary evidence of continuing education credits claimed to meet requirements, if necessary.

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 _____

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 – STATUS (please check the proper responses)

I was previously a __ Member: Full Affiliate Retired Candidate

Request reinstatement as a __ Member: Full Affiliate Retired Candidate

Current Status: Resigned In Good Standing Dropped-Dues Dropped-CE
 Dropped-Ethics Dropped-For Cause Member Inactive

Effective date of termination/status change: _____

Reason for termination/status change (please use additional paper if necessary): _____

Give history of employment since termination/status change: _____

PART THREE – ACF MEMBER SPONSORS

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

PART FOUR – APPLICANT'S AGREEMENT

I have read ACF's Policy on Reinstatement and agree to all terms and conditions therein. My \$50.00 application fee and all required documentation is attached. I understand that in the event my application is rejected, all but the processing fee stipulated in ACF's policy will be returned to me. I also understand that in event my Application for Reinstatement is rejected, no reason will be given.

Signature _____ Date _____