

**ASSOCIATION OF CONSULTING FORESTERS OF AMERICA, INC.**  
**APPLICATION FOR MEMBER-INACTIVE 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**

**POLICY ON MEMBER-INACTIVE**

- 1) The Member-Inactive Category is reserved for former Full Members who, because of changes in employment, no longer qualify for full membership, but wish to maintain their relationship with the Association of Consulting Foresters.
- 2) Members-Inactive shall retain all the rights and privileges of Full Members except voting, holding office and the use of the ACF logo. Continuing Education requirements are waived for Members-Inactive. Annual dues are \$100.
- 3) Members-Inactive who re-qualify for full membership are required to apply for reinstatement to Full Member. Prior to reinstatement, the applicant must meet all current Continuing Education requirements and pay the additional Full Member dues for the current year.

**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

**PART TWO – APPLICANT'S AGREEMENT**

I have read, understand, and agree to abide by the Constitution, Bylaws, Polices and Code of Ethics of the ACF. As an Inactive Member, I will not use the ACF designation or my ACF affiliation in advertising or in other dealings.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_