

**APPLICATION FORM
ASSOCIATE MEMBERSHIP**

FOR OFFICE USE ONLY
REGISTRATION FEE PAID
APPROVED: _____
MEMBER NO. _____



Please mail completed application package to:

Ontario Professional Foresters Association
P.O. Box 91523, 5 Wesleyan Street, #201
Georgetown, ON L7G 2E2

Phone: 905-877-3679 Fax: 905-877-6766

Requirements to be submitted:

- APPLICATION FORM
- APPLICATION FEE - \$200.00 PAYABLE TO THE ONTARIO PROFESSIONAL FORESTERS ASSOCIATION
- ORIGINAL TRANSCRIPTS DIRECTLY FROM POST SECONDARY INSTITUTION(S)
- DETAILED DESCRIPTION OF WORK EXPERIENCE (RESUME)
- PERSONALLY AUTHORED DOCUMENTS DETAILING THE RELEVANT ASPECTS OF PROFESSIONAL FORESTRY FOR WHICH APPROVAL TO CONTINUE PRACTICING IS BEING REQUESTED

1. MR. **MRS.** **MS.** **MISS** **DR.** **MALE** **FEMALE** **BIRTH DATE:** _____

This above information is voluntary and for internal resources only of the OPFA. The information will not be used or considered in connection with any decision regarding

LAST NAME: _____ **GIVEN NAMES:** _____

PREFERRED NAME: _____ **E-MAIL:** _____

RESIDENCE: _____ **HOME NO. ()** _____

CITY _____ **FAX NO. ()** _____

PROV. _____ **CODE** _____ **WORK NO. ()** _____

2. POST SECONDARY EDUCATION

<u>INSTITUTION</u>	<u>DEGREE/DIPLOMA</u>	<u>DATE OF GRADUATION</u>
_____	_____	_____
_____	_____	_____

3. HAVE YOU BEEN REFUSED MEMBERSHIP IN ANY OTHER ASSOCIATION ?

NO **YES** If yes, please explain.

4. MEMBERSHIP IN OTHER FORESTRY AND TECHNICAL ORGANIZATIONS/ASSOCIATIONS:

- _____
- _____

5. EXPERIENCE:
Please attach a resume providing complete details of employers, locations, dates and description of work undertaken.

6. SPONSORS:

1. NAME _____	2. NAME _____
R.P.F.# _____	R.P.F.# _____
3. NAME _____	4. NAME _____

7. I hereby certify that the foregoing and any other documents submitted by me in connection with this application are a true record of my technical education and experience and, if granted registration under the terms of the Ontario Professional Foresters Association Act and By-laws, I hereby agree to carry out the terms of the Act and By-laws.

SIGNATURE OF APPLICANT: _____ DATE: _____

8. PLEASE STATE THOSE SPECIFIC ASPECTS OF PROFESSIONAL FORESTRY THAT YOU ARE INTENDING TO CONTINUE PRACTICING BY VIRTUE OF ASSOCIATE MEMBERSHIP IN THE OPFA. (USE A SEPARATE PAGE IF NECESSARY).

1. _____

2. _____

3. _____

4. _____

PLEASE ATTACH A SEPARATE DOCUMENT THAT YOU HAVE PREPARED (IF AVAILABLE) DEALING WITH THE ASPECTS OF PROFESSIONAL FOESTRY FOR WHICH YOU ARE SEEKING TO CONTINUE PRACTICING BY VIRTUE OF ASSOCIATE MEMBERSHIP IN THE OPFA.

9. PLEASE IDENTIFY THE GEOGRAPHIC AREA IN WHICH YOU ARE INTENDING TO PRACTICE

10. PLEASE STATE THE MOST RECENT PERIOD (E.G. 1998– 2001), IN WHICH YOU HAVE BEEN PRACTICING THOSE ASPECTS OF PROFESSIONAL FORESTRY FOR WHICH YOU ARE APPLYING FOR AUTHORIZATION TO CONTINUE BY MEANS OF ASSOCIATE MEMBERSHIP STATUS IN THE OPFA.

11. PLEASE IDENTIFY THOSE TERMS AND CONDITIONS THAT YOU THINK SHOULD BE ATTACHED TO THE CERTIFICATE OF REGISTRATION (E.G. DURATION, SKILLS OR EDUCATIONAL UPGRADING, SUPERVISION OF AN R.P.F., ASSIGNMENT OF A MENTOR, PRACTICE REVIEW OR REPORTING REQUIREMENTS) PLEASE NOTE THAT THE ASSIGNMENT OF THESE TYPES OF TERMS AND CONDITIONS MAY OR MAY NOT BE APPROPRIATE DEPENDING ON INDIVIDUAL CIRCUMSTANCES.

