

APPLICATION FORM FULL 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 APPLICABLE POST SECONDARY INSTITUTION(S)
- DETAILED DESCRIPTION OF WORK EXPERIENCE (RESUME)
- EDUCATIONAL ASSESSMENT (IF REQUIRED)
- LETTER FROM REGISTRAR OF ANOTHER PROVINCIAL FORESTRY ASSOCIATION STATING MEMBERSHIP IN GOODSTANDING (IF APPLICABLE)

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:

1. _____

2. _____

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.# _____

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: _____