



NOMINATION CONSENT FORM

I, _____, do hereby give my permission to
allow my name to stand for nomination as a member of the (check one or more)

- Board of Examiners, or
- Executive Committee as
 - Councillor
 - Secretary Treasurer
 - Vice President
 - President

for the Association of Registered Professional Foresters of New Brunswick.

Signed: _____

Date: _____

Please return to:

Executive Director, ARPFNB
H. J. Flemming Forestry Centre
1350 Regent Street, Suite 221
Fredericton, NB E3C 2G6

Email: info@arpfnb.ca