

APPLICATION FOR MEMBERSHIP
IN THE ASSOCIATION OF REGISTERED PROFESSIONAL FORESTERS
OF NEW BRUNSWICK



FULL NAME(S) OF APPLICANT

DATE OF APPLICATION

Send to: [Executive Director](#)
*Association of Registered Professional Foresters of New
Brunswick
Hugh John Flemming Forestry Centre
1350 Regent St. Suite 221
Fredericton, NB E3C 2G6*

I, _____, hereby apply for membership with the ARPFNB as a (choose one):

- Registered Professional Forester (Full RPF).
- Associate Member,
- Forester-in-Training,
- Student Member

Date of Birth: _____ Place of Birth: _____

Present
Citizenship _____

If a naturalized citizen of this or any other country give date of naturalization _____

Present address: _____

Permanent address: _____

Phone number: _____ Email: _____

NAMES OF HIGHSCHOOLS AND DATES

UNIVERSITY TRAINING - NAMES OF UNIVERSITY AND DATES

(a) Forestry Program:

(b) Non-Forestry Program:

Attach evidence of graduation

EMPLOYMENT

Positions held including present employment (Please state in chronological order and in detail giving names and addresses of employers or persons under whose supervision you have worked, and character and location of work done.)

Attach current Resume

Name: _____ Supervisor name: _____

Address: _____

Name: _____ Supervisor name: _____

Address: _____

Name: _____ Supervisor name: _____

Address: _____

MEMBERSHIP IN ASSOCIATIONS OF FORESTERS OR FOREST ENGINEERS

Provide names of Association, date of admission and offices held:

Name: _____

Date of admission: _____

Office held: _____

Name: _____

Date of admission: _____

Office held: _____

MEMBERSHIP IN OTHER ORGANIZATIONS

Name: _____

Date of admission: _____

Office held: _____

Name: _____

Date of admission: _____

Office held: _____

State any other details concerning your training or experience which might influence your eligibility for Registration:

PAYMENT

Application Fee – I would prefer to pay by:

Cheque via snail mail or

etransfer to ARPFNB

Via Credit Card

Please note an invoice will be sent to you via Quickbooks from info@arpfnb.ca, and processing your application will not begin until we receive payment.

Signature of Applicant

Date

NOTE: PLEASE PRINT YOUR COMPLETED APPLICATION FOR YOUR RECORDS.

APPLICATION FORM – CHECKLIST

- Print, sign & date Application Form
- Attach copy of University Degree in BSCF, and transcript
- Attach Resume
- Make payment for application
Cheque, etransfer or pay via credit card.