

APPLICATION FOR MEMBERSHIP

AS A
FORESTER IN TRAINING



.....
Name of Applicant in Full

.....
Date of Application

*Mail to: The Executive Director
Association of Registered Professional Foresters of New Brunswick
Hugh John Flemming Forestry Centre
1350 Regent St.
Fredericton, New Brunswick
E3C 2G6
(506)452-6933
Fax: (506)450-3128
Email: info@arpfnb.ca*

I,, hereby apply for a forester in training membership with the ARPFNB.

Date of Birth Place of Birth

Present Citizenship

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

Education

Preparatory School Training (Give names of schools and dates)

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University Training (Give names of University and dates)

(a) Non-Forestry

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(b) Forestry

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(c) Attach certified 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.) Please attach a current Resume.

Membership in Associations of Foresters or Forest Engineers, (give names of Association, date of admission and offices held)

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Membership in other Technical organizations (give details as above).....

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

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I have enclosed \$ 250.00 covering my application fee by:

Cheque sent by mail or,

Paid online via credit card (Link: [ARPFNB - Online Payment for Membership Dues, Fees and Application Forms](#))

Present Address

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Permanent Address.....

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Telephone Number

Email.....

Signature of Applicant

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ACTION RECOMMENDED

Application Received Fee Received

Before the Board

Recommendation of Examining Board.....

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Chairman, Examining Board

Signature

EXECUTIVE ACTION

Date

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President

Signature

Secretary

Signature

Applicant Notified

Name entered in Register