

APPLICATION FOR STUDENT MEMBERSHIP



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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
info@arpfnb.ca*

I,, hereby apply for student membership of the Association of Registered Professional Foresters of New Brunswick.

Date of Birth Place of Birth

Present Citizenship

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

Are you registered as a full time student in a university accredited by the *Canadian Forestry Accreditation Board (CFAB)*? (Please submit a letter of proof of enrollment)

Date of graduation

University Name and program name.

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If you are enrolled in a graduate program please indicate the name of the university and program name which you obtained your undergraduate degree.

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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.) OR attach a current Resume.

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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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Student Member

Any person registered as full time undergraduate in a Baccalaureate Degree Program may apply for this category of membership.

Any person registered as a full time post-graduate student in a program that will enhance their Baccalaureate Degree in Forestry may apply for this category.

The duration of this category shall be for the time that the person is registered as a full time student.

A Student Member is not entitled to use the designation of RPF.

A Student Member is not entitled to vote on ARPFNB matters.

A Student Member shall pay 10 percent of the Regular Member dues.

Present Address

Permanent Address.....

Telephone Number

Email.....

Signature of Applicant

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ACTION RECOMMENDED

Application Received

Executive Director

Signature

EXECUTIVE ACTION

Date

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President

Signature

Secretary

Signature

Applicant Notified

Member Number