

ASSOCIATION OF REGISTERED PROFESSIONAL FORESTERS OF NEWFOUNDLAND AND LABRADOR  
Application for Membership

**MEMBERSHIP CATEGORY:**

I would like to apply for membership under the following category:

- Professional Forester                       Forester in Training                       Retired/Non-Practicing

Are you a member, in good standing, of the Canadian Institute of Forestry?     Yes                       No

**PERSONAL INFORMATION:**

\_\_\_\_\_  
Legal Last Name                                      Legal First Name                                      Middle Name(s)

Salutation :     Mr.                       Mrs.                       Ms.                       Dr.

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City                                      Province                                      Postal Code

(    )  
\_\_\_\_\_  
Telephone                                      Email

**WORK EXPERIENCE:**

- I have included a current Résumé or Curriculum Vitae with this application.

**BUSINESS INFORMATION:**

I am:                       Employed                                       Self-employed                                       Not Currently Employed

Job Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      Province                                      Postal Code

(    )                                      (    )  
\_\_\_\_\_  
Telephone                                      Fax

## EDUCATIONAL SUMMARY:

Highest level of education completed:

Ph.D.    Masters    Bachelors    Diploma    Other: \_\_\_\_\_

List degrees/diplomas obtained starting with the most recent (attach a separate sheet if additional space is required).

1.	_____	_____
	Institution Name	Province/State, Country
	_____	_____
	Program Name or Degree/Diploma Received	Date Completed
2.	_____	_____
	Institution Name	Province/State, Country
	_____	_____
	Program Name or Degree/Diploma Received	Date Completed
3.	_____	_____
	Institution Name	Province/State, Country
	_____	_____
	Program Name or Degree/Diploma Received	Date Completed

I have included official transcripts for all degrees/diplomas listed.

## CERTIFICATION:

I recognize that under the *Foresters Act (2011)* a person commits an offence if they apply for membership by false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my education and experience and if granted membership under the terms of the *Foresters Act (2011)* and the bylaws of the association, agree to abide by the terms of the *Foresters Act (2011)* and by the association's bylaws and Code of Ethics.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date:

## APPLICATION AND FEES:

Mail completed application form, with \$50 application fee and all supporting documentation to:

Executive Director/Registrar  
Association of Registered Professional Foresters of NL  
P.O. Box 31, Corner Brook, NL A2H 6C3

Questions? Please contact the Registrar at: [executivedirectorrrpfnl@gmail.com](mailto:executivedirectorrrpfnl@gmail.com)

Information is collected by the RPFNL, under the authority of the *Foresters Act (2011)* and will be used to assess your application for membership. The application fee covers the processing of your application and is non-refundable.

Updated: 2023