

APPLICATION FOR MEMBERSHIP INSTRUCTIONS TO APPLICANTS

Applicant check list of application documentation/requirements:				
1.	Completed Membership Application Form		Υ	N
2.	Non-refundable Application Fee of \$25.00	payable to RPFANS	Υ	N
3.	Copy of request for an Official Transcript of (to be sent direct to RPFANS by institute)	of marks	Υ	N
4.	Resume detailing: • work experience • educational history • personal reference • employment reference		Υ	N
5.	Letter (or email) from the Registrar of any Professional Forestry Association confirm Is in good standing (if applicable)	•	Υ□	N/A
6.	Details of any conviction for criminal or income you have not received a pardon (if application)		Υ	N/A
	e RPFANS reserves the right to request y candidate's application for membersh		suppo	rt
	Please mail completed application package to: Registered Professional Foresters Association of Nova Scotia P.O. Box 1031			
	Truro, NS B2N 5G9	Please visit our website at. wv	ww.rfpar	ns.ca





MEMBERSHIP APPLICATION FORM

Personal Information					
Surname:					
First Name:					
Given Names:					
Date of Birth:					
	convicted of a criminal or Indictable Offence, for which you rdon? If yes, please provide details on a separate sheet.	Υ□	N□		
Contact Information Mailing Address	<u>1</u>				
Street:					
Town:					
Province:					
Country:					
Postal Code:					
Home telephone:					
Cell Phone:					
Personal Email:					
Business Contact Info	<u>ormation</u>				
Current Employer:					
Business Phone:					
Business Email:					
Preferred contact lo	ocation: Personal Email Business Email				

Education

Please include your education history in your resume. Please provide official transcripts from Post Secondary Institutions. (Transcripts are to be sent directly from the Institution to RPFANS).

Employment Experience

Please include your in your resume. Attach your resume to this application.

	Office Use				
	Date Received	Date Approved	:		
	Approved by:	ANS Official	Notice sent to applicant	Date	
Professional (RPF) Association Have you ever held, or do you currently hold, a membership in a Canadian RPF Association? If yes, please provide the following:					
Nan	ne of Organization	1		2	
Nan	ne of Contact Person]		
Ema	ail of Contact Person				
Mer	mbership Period				

Other Professional Associations

Please include your in your resume.

Please print completed form and sign.

Declaration

I declare that the information provided in this application package to be true and correct to the best of my knowledge.

Date	Applicant Signature
Recommendation of Sponso	ring RPFANS Member
	for membership in the Registered Professional Scotia and believe the applicant to be of good character and a worthy
Date	Signature of Sponsoring Member