



Texas Accredited Forester Membership Application

Office use only

TAF No. _____

Contact Information (Please print)

Title _____ First _____ Preferred _____ M.I. _____ Last _____

Home Address _____ City _____ State _____ Zip _____

Business Name _____

Address _____ City _____ State _____ Zip _____

Please indicate your preferred mailing address: Home Business

Additional Contact Information

Home Phone (____) _____ Work Phone (____) _____

Mobile Phone (____) _____ Fax (____) _____

E-mail _____

College Education

Degree Earned

Bachelor Master Doctorate

Year the degree was earned _____

Major _____

Name of College/University _____

Is this College/University program Accredited by the Society of American Foresters? Yes* No** Unsure**

**If Yes, you must attach proof of graduation. **If No or Unsure, you must attach a copy of your transcripts for review by the Accredited Forest Governing Board to determine eligibility along with proof of graduation.*

Experience**

** All applicants must be able to demonstrate at least five (5) years of professional forestry experience as a degreed forester to be considered eligible for Accredited Forester recognition.

Membership Dues

.....Current TFA Member – \$30

.....Non-TFA Member – \$150

Payment Enclosed Bill Me

Please send application & payment to:
Texas Forestry Association
P.O. Box 1488
Lufkin, TX 75902-1488

Demographic Information (Optional)

Current Employer

Consultant College/University

Federal Govt State/Local Govt

Industry TIMO/REIT

Employment History:

Employer	Date/Year Employed	Title	Responsibilities

Signature

I certify that the information provided in this application is, to the best of my knowledge, accurate and complete. I understand that by application I am confirming that I believe that I meet eligibility criteria and that, if accepted, I agree to abide by the Texas Accredited Forester Code of Ethics and the Texas Accredited Forester Council Bylaws.

Signature _____ Date _____

FOR BOARD USE ONLY

Based on careful consideration and review of this candidate's experience and qualifications in the professional field of forestry, it is the recommendation of the Texas Accredited Forester Governing Board that this candidate be:

Approved Denied

Chairman Signature _____ Date _____

Vice-chairman Signature _____ Date _____

Texas Accredited Forester Member Number _____

Date Entered _____

