# header_r4c

**Associate Membership Application**

Associate members must intend to qualify for Professional membership within ten years of joining. If you do not have a qualification from an accredited course (as listed on the Institute’s web site) your application must be supported by a Chartered member who is personally acquainted with you and your work and who endorse the statements made by you in this form. You should read the Associate Member Information Guide before completing this form.

Please enclose membership subscription payment when returning the completed form.

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| --- |
| **Personal Details** |
| Title: |  | Email: |  |
| Full Name |  |
| Address |  | Home Tel: |  |
|  | Mobile: |  |
|  | Work Tel: |  |
| Postcode |  | Work Mobile: |  |
| Date of Birth: |  | Gender: |  |
| Nationality (UK National, EU National, or International): |  |
| **Qualifications** |
| Please list your higher education academic qualifications, starting with those awarded most recently.Certified copies of all certificates or documents are required to support this information.Please enter the name of the university or college where each qualification was awarded and the grade of qualification, if appropriate. |
| **Higher Education Qualification**  | **Subject** | **Establishment or Awarding body** | **Date Awarded** |
| *e.g. BSc (Hons)* | *Forestry* | *Bangor University* | *2012* |
|  |  |  |  |
| **Professional Memberships** |
| Please list details of any professional memberships. |
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| **Additional Qualifications** |
| Please list details of appropriate technical and professional examinations passed.Attach copies of supporting documentation. |
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| **Attachments** |
| Please list all documents attached to this application. Copies of certificates for all higher education and additional qualifications listed above are required. (Please only send copies as original documents will not be returned.) |
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| **Employment History** |
| Please provide details of your employment history starting with your current or most recent employment. If this is less than two years give month and year started. (Use an additional sheet to provide information on other roles if necessary) |
| Dates of Employment: |  |
| Employer’s name and address: |  |
| Job Title: |  |
| Key Responsibilities |  |
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| Dates of Employment: |  |
| Employer’s name and address: |  |
| Job Title: |  |
| Key Responsibilities: |  |
|  |
| Dates of Employment: |  |
| Employer’s name and address: |  |
| Job Title: |  |
| Key Responsibilities: |  |
| **Employment Category** |
| Select (highlight) the category that best describes the main business of your employer from the following: |
| Forestry Commission  | Educational Institute |
| Forestry England | Private estate  |
| Forestry and Land Scotland | Property management  |
| Scottish Forestry | Woodland owner |
| Natural Resources Wales | Timber processing |
| Northern Ireland Forest Service | Nursery |
| Forestry Department Non-GB | Large corporate |
| Forest Research | Small corporate |
| Other research organisation | NGO |
| Central government | Retired |
| Large woodland/arboriculture company  | Self-employed consultant |
| Small woodland/arboriculture company | Self-employed contractor |
| Local Authority |  |
| **Other (please specify):** |  |
| Notes:‘Large’ means > 50 employees‘Corporate’ includes energy, utility, environmental, landscaping, and engineering companies, etc.‘Central government’ includes government bodies such as SNH, Natural England and Ministry of Defence. |
| **Areas of Employment** |
| Please indicate your main area(s) of employment: | **1:** |  | **2:** |  | **3:** |  |
|  |
| **Attachments** |
| Please list all documents attached to this application. (Please only send copies as original documents will not be returned.) |
|  |
| **Applicant’s Declaration** |
| *I certify that the information contained within and attached to this form is true and accurate to the best of my knowledge and belief. I understand that any information that is knowingly withheld, suppressed, deliberately misleading or false may make me liable, if elected as a Member of the Institute of Chartered Foresters, to dismissal from the Institute.**If elected to membership of the Institute, I agree to comply with the Royal Charter, Bylaws and Regulations of the Institute of Chartered Foresters and with any subsequent amendments and/or alterations that may be made to them.* |
| Signed: |  | Date: |  |
| **Your Data** |
| The Institute works hard to ensure that your data is held and used in compliance with the General Data Protection Regulations and with the Data Protection Act 1998 to perform our services in relation to your membership (e.g. to issue our members’ magazine, e-newsletter and provide or access to the Members’ Area) and when you use our services (e.g. event booking).The Institute will treat all information contained within this form as confidential. No information will be divulged to other parties and will be used only for those purposes expressed.To find out more, please consult the Institute’s privacy policy, which you can find online at [www.charteredforesters.org/privacy-policy](http://www.charteredforesters.org/privacy-policy) |
| **Payment of Subscription Fees** |
| Payment of your membership subscriptions fees is due within 30 days of submission of your application.If you do not pay within this time, your application will be discarded and your data will be removed from our database. You will need to submit a new membership application if you still wish to join us.**Cheque Payment**To pay by cheque, please enclose your cheque made payable to Institute of Chartered Foresters with your application.**BACS or Card Payment**If you do not enclose a cheque with a posted application, we will send you an invoice by email using the details above. You can then pay by BACS using the bank details provided on your invoice, or by card over by calling the Institute on 0131 240 1425.**Receipt**We will provide a receipt for your subscription payment by email to the address given above. |
| **OFFICE USE ONLY** |
| Membership Grade approved/not approved | Date: |
| Signature of Member Services Director: |  |
| □ | REF | □ | PME | □ | PAY | □ | MCH | □ | REG |
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