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**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:Full Name:Address:Postcode:  | Email:Home Tel:Mob:Work Tel:  |
| 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* |
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| **Professional Membership** |
| 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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| **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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| Employer’s name and address: |  |
| Job Title: |  |
| Key Responsibilities: |  |
|  |
| Dates of Employment: |  |
| Employer’s name and address: |  |
| Job Title: |  |
| Key Responsibilities: |  |
| **Employment Category** |
| Choose from the following categories (this relates to the main business of your current employer): |
| Forestry Commission GB | Private estate  |
| Forestry Commission England | Property management  |
| Forestry Commission Scotland | Woodland owner |
| Natural Resources Wales | Timber processing |
| Forestry department non-GB | Nursery |
| Forest Research | Large corporate |
| Other research organisation | Small corporate |
| Central government | NGO |
| Large woodland/arboriculture company  | Retired |
| Small woodland/arboriculture company | Self-employed consultant |
| Local Authority | Self-employed contractor |
| Educational Institute |  |
| **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:** |  |
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| **Attachments** |
| Please list all documents attached to this application. (Please only send copies as original documents will not be returned.) |
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| **Sponsor’s Declaration** |
| If you do not hold an accredited qualification, you must get this section completed and signed by a Chartered Member of the Institute who, from their personal knowledge of you, can support your membership application. (A list of accredited courses can be found on ICF’s website.) |
| Title:Full Name:Address:Postcode: | Email:Tel: |
| *I verify that the details given in this application are to the best of my knowledge correct in all particulars. I understand that the Institute of Chartered Foresters may seek further information from me in support of this application.* |
| Signed: |  | Date: |  |
| **Applicant’s Declaration** |
| *I certify that the information contained within 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 which 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) |
| **Submission of Application** |
| Please complete the form in digital format, then print, sign and verify before posting to:Member ServicesInstitute of Chartered Foresters59 George StreetEdinburghEH2 2JGSigned forms may also be scanned and sent by email to icf@charteredforesters.org. |
| **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. |
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| **OFFICE USE ONLY**  |
| Membership Grade approved/not approved | Date: |
| Signature of Member Services Director: |  |
| □ | REF | □ | PME | □ | PAY | □ | MCH | □ | REG |
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