

Request for Reinstatement

You may be eligible for reinstatement to your former ABCFP membership status if you are on a leave of absence, have been granted retired or life membership status, have resigned or have been removed or struck from membership. Before applying for a reinstatement, read the relevant sections of the *Registration Policy* if you are an enrolled member or the *Change of Status Policy* if you are a registered member to determine if you are eligible to request a reinstatement.

Once you have determined that you are eligible, use the checklists below to ensure your request is complete. **Mail, Fax or E-mail** (pdf) completed requests including all forms and applicable fees to the ABCFP.

Step 1: To apply for reinstatement you must submit

- Reinstatement Application (on the following page)
- Professional Practice Declaration (on page 4) for active registered membership status (RPF or RFT). This declaration is not required for enrolled (FIT or TFT) or retired members.
- Current Resumé/Curriculum Vitae
- Reinstatement Fee
- Membership Fee (Membership fees are abated for applications received after March 1st)

The reinstatement and membership fees must be included with your request for reinstatement for your application to be processed. Refer to the Fees page under the Members' Area of the ABCFP website to determine the amounts you are required to submit.

Step 2: Additional items you are required to submit

The additional information you are required to submit will depend on the type of reinstatement you are requesting. Determine which of the three categories below applies to you and submit the additional items listed under that category. If you are unsure which category applies to you, contact the registration department.

2.1 Reinstatement from a leave of absence

If you are applying to reinstate your membership after a leave of absence, you are not required to submit any additional information.

2.2 Reinstatement from a voluntary resignation or from life or retired membership

If you are applying to reinstate your membership after voluntarily resigning or you want to reinstate to active status from life or retired membership, you must also submit the following item:

- Outstanding Membership Fees (contact the finance department to determine outstanding fees)

2.3 Reinstatement from removal as a result of outstanding fees and/or non-submission of a Self-Assessment Declaration

If you are applying to reinstate because you were removed for outstanding fees and/or non-submission of a Self-Assessment Declaration, you must also submit the following items:

- Outstanding Membership Fees (contact the finance department to determine outstanding fees)

Reinstatement Application



Personal Information

Last Name	First Name	Member #
Preferred First Name		
Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		

Membership Category

<input type="checkbox"/> Forester-in-Training (FIT)	<input type="checkbox"/> Trainee Forest Technologist (TFT)
<input type="checkbox"/> Registered Professional Forester (RPF)	<input type="checkbox"/> Registered Forest Technologist (RFT)
<input type="checkbox"/> Retired Registered Professional Forester [RPF(Ret)]	<input type="checkbox"/> Retired Registered Forest Technologist [RFT(Ret)]

Business Address (required)

Send correspondence to: Business Home

Title		
Organization Name		
Street Address		Mailing Address (if different)
City	Province	Postal Code
()		()
Telephone	Extension	Fax
()		
Cellular	Business E-mail	

Home Address (required)

Street Address		Mailing Address (if different)
City	Province	Postal Code
()	()	
Telephone	Cellular	
Home E-mail		

Privacy Statement

The ABCFP publishes an online membership directory for its members (www.abcfp.ca). The *Freedom of Information and Protection of Privacy Act* does not allow the ABCFP to release a member's home address without consent. NOTE: the ABCFP's mailing list is not released to advertisers or any other outside parties. I authorize the ABCFP to publish the following address in the membership directory:

- | | |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Business Address | <input type="checkbox"/> Both Addresses |
| <input type="checkbox"/> Home Address | <input type="checkbox"/> Neither Address |

Current Resumé/Curriculum Vitae

Please attach your resumé/curriculum vitae or provide a detailed description of your activities since you have been off the ABCFP active membership rolls. Attach a separate sheet if additional space is required.

- Resumé/Curriculum Vitae Attached
- Unemployed (N/A)
- Description below

Certification

Last Name	First Name	Member #

I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure.

Date	Signature of Applicant

Print and then sign

Fees Enclosed

Reinstatement Fee (including HST) :	\$	
Membership Fee (including HST) :	\$	
Outstanding Membership Fees (including HST):	\$	
Total fees (including HST):	\$	

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Fee Payment Options: <input type="checkbox"/> Cheque or money order
<input type="checkbox"/> Charge my credit card for the full amount | Credit card information: <input type="checkbox"/> Visa
<input type="checkbox"/> MasterCard |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

_____ - _____ - _____	_____ / _____
Credit Card Number	Expiry Date

Name on Card	Signature of Cardholder

Print and then sign

Your request for reinstatement will be reviewed by the board of examiners who will assess your application to determine if you are eligible for reinstatement. If it has been more than two years since you were an active enrolled member or more than three years since you have been an active registered member, you may be required to meet additional requirements before your membership is reinstated. Refer to the *Registration Policy* if you are an enrolled member or the *Change of Status Policy* if you are a registered member for more information.

Send Completed Requests for Reinstatement to:

Registration Department
 Association of BC Forest Professionals
 330 - 321 Water Street
 Vancouver, BC V6B 1B8
 Fax: 604.687.3264
 E-mail: admissions@abcfp.ca

DO NOT SUBMIT FORMS SEPARATELY

Professional Practise Declaration



Completion of a Professional Practise Questionnaire is the first step in the self-assessment process and is mandatory for all associate members, registered members, conditional registered members, members with special permits for transferring professional foresters and limited licenses granted with a permit term of three years or more.

Submit this form to the ABCFP with your request for reinstatement form to certify that you have completed your professional practise questionnaire (found on the Self-Assessment page of the ABCFP website) and Declaration of Non-Practise or Self-Assessment Declaration (found below).

Last Name		First Name	Member #
Contact Information: <input type="checkbox"/> Business <input type="checkbox"/> Home			
Title		Organization Name	
Street Address		Mailing Address (if different)	
City	Province	Postal Code	
()		()	
Telephone	Extension	Fax	
()			
Cellular	E-mail		

Declarations

I have completed my Professional Practise Questionnaire for 20_____.

Please check **one** of the following two options:

Declaration of Non-Practise

- I answered "no" to all the questions on the Professional Practise Questionnaire. I do not practise professional forestry and am not required to complete a self-assessment. I acknowledge that the association may contact me to verify that I do not practise professional forestry and realize that a false declaration is in contravention of Bylaw 11.4.4 and may cause a discipline investigation. I understand that I must retain the completed Professional Practise Questionnaire in my files.

Self-Assessment Declaration

- I answered "yes" to one or more of the questions on the Professional Practise Questionnaire. I have reviewed my practice as a member of the Association of BC Forest Professionals and documented this in the Self-Assessment Form. I have created a Professional Development Plan to address the continuing development objectives I have identified and I will work toward achieving them. I understand that I must retain the completed Self-Assessment Form and Professional Development Plan in my files.

Signature	Date
Print and then sign	