

ABC FP OFFICE USE ONLY Received: _____
 Request Complete: _____
 Date Change of Status Approved: _____

Fillable Form. Please fill out form. Print, sign and send to the association.



Request for Change of Status

In British Columbia, the *Foresters Act* restricts the practice of professional forestry to members of the Association of BC Forest Professionals. Requests for a change of status must be approved by the Board of Examiners and Council. Please 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 ensure you are eligible to request a change of status. Completed forms, any accompanying documentation and the appropriate fee (if required) should be mailed to the Association office (see information on page three).

Personal Information

| | | |
|-----------|------------|----------|
| Last Name | First Name | Member # |
|-----------|------------|----------|

Preferred First Name _____ Salutation: Mr. Ms. Mrs. Dr.

Current Membership Category

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

Status Change Requested (check one)

- | | |
|---|---|
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Retired Membership |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Life Membership |

Business Address (required) Unemployed

Title _____

Organization Name _____

| | |
|----------------|--------------------------------|
| Street Address | Mailing Address (if different) |
|----------------|--------------------------------|

| | | |
|------------------|-----------------|--------------------|
| City () | Province | Postal Code () |
| Telephone () | Extension | Fax |
| Cellular | Business E-mail | |

| | | | |
|--------------------------------|----------------------------|---|--|
| Home Address (required) | | Send correspondence to: <input type="checkbox"/> Business <input type="checkbox"/> Home | |
| 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 |

Are you a Sponsoring Forester? Yes No

If yes, include the name(s) of the Enrolled Member(s) you sponsor:

IMPORTANT: You have the onus to advise these Enrolled Member(s) that you are no longer eligible to sponsor them, and therefore, they must seek a new Sponsoring Forester immediately and notify the association of the change. If they do not, they will not receive credit for their work experience and risk their eligibility to write the Registration Exam. Change of Sponsor forms are available of the association's website (www.abcfp.ca).

Have you notified these Enrolled Member(s) that you are no longer eligible to be their Sponsoring Forester? Yes No

Reason(s) you are Requesting a Change of Status

If you are applying for a Leave of Absence or Resignation, please state why. If you are applying for Retired Membership or Life Membership, please state how and why you meet the criteria outlined in the *Change of Status Policy*. Attach a separate sheet if additional space is required. If you applying for Life Membership, you must submit a resume outlining your forestry career.

Job Description

If you are still working in British Columbia, you must attach a current job description or other similar documentation as evidence that you are no longer engaging in the practice of professional forestry as defined in the *Foresters Act*.

- Attached Unemployed N/A

Non-Practice Declaration Form



I, _____, _____
Print Full Name Occupation/Job Title

of _____, _____, _____, _____
Street Address City Province Postal Code

certify that I am applying for a change of membership status within the Association of BC Forest Professionals (ABCFP) from active membership to:

_____ .
Desired Non-Practicing Status (E.g. Leave of Absence, Retired Membership, Resignation, etc.)

I confirm that I have read the definition of the practice of professional forestry as defined in the *Foresters Act* and certify that I am not currently engaged in the practice of professional forestry within the province of British Columbia. I do not plan to engage in the practice of professional forestry within the province of British Columbia while not an active members of the ABCFP. I further certify that should I wish to once again engage in the practice of professional forestry within the province of British Columbia, I will not do so without first reinstating my membership status to that of an active member of the ABCFP. Finally, I confirm that I understand that engaging in the practice of professional forestry within the province of British Columbia while not an active member of the ABCFP constitutes an offence under the *Foresters Act*.

Member Number

Suffix (E.g. RFT, TFT, FIT, FP)

Signature

Print and then sign

Affix
Seal Or Stamp Here
(if applicable)

Date (month, day, year)