



Silvicultural Accredited Surveyor Application Package

This package is for anyone applying for membership with the Association of BC Forest Professionals as an Associate Member under the Silvicultural Accredited Surveyor (SAS) route of entry.

SAS Application



This application package is for Associate Member applicants applying under the Silvicultural Accredited Surveyor (SAS) route of entry.

If you are unsure which route of entry under which you are qualified to apply for associate membership, contact the registration department directly by e-mail: admissions@abcfp.ca or by phone: 604.687.8027.

Forms Included in This Package:

This package includes all the forms necessary to apply for membership with the ABCFP under the SAS route of entry. Use the checklist provided on the next page to ensure your application is complete and accurate. This package contains the following forms:

- Application for Membership
- Confidential Work Experience Report (3)

Mail Completed Applications to:

Registration Department
Association of BC Forest Professionals
330 - 321 Water St.
Vancouver, BC V68 1B8

Your application package must contain all forms together in one package. **DO NOT SUBMIT FORMS SEPARATELY.** Mail completed applications to the registration department. Applications submitted by **FAX or DIGITALLY WILL NOT BE ACCEPTED.**

What's Next?

Once your application has been assessed by the Forest Measurements Board, the registration department will provide you with instructions on the next steps in the enrolment process.

SAS Applicant Checklist



This checklist will help you ensure your membership application is complete and accurate. Your application package must contain all forms together in one package. **DO NOT SUBMIT FORMS SEPARATELY.** Mail completed applications to the registration department. **FAXED OR DIGITAL FORMS WILL NOT BE ACCEPTED.**

1. Application for Membership

- Have you completed all pages in full?
- Have you signed your Application for Membership?

2. Up-to-Date resumé

- Have you included an up-to-date resumé?
- Does it include all of your forestry related work and volunteer experience?

3. Confidential Work Experience Report (Submit three)

- Have you obtained **three** Confidential Work Experience Reports (one must be from your current supervisor)?
- Have they been sealed in an envelope and signed across the back flap by your references?

4. Proof of Accreditation

- Have you enclosed proof of your silviculture surveyor accreditation from the Ministry of Forests and Range?

5. Application fee

Refer to the Fees page of the website (http://www.abcfp.ca/members_area/my_membership/fees.asp).

- Have you enclosed your application fee? Have you included all applicable taxes?

Your application package must contain all forms together in one package. **DO NOT SUBMIT FORMS SEPARATELY.** Mail completed applications to the registration department. **FAXED OR DIGITAL FORMS WILL NOT BE ACCEPTED.**

Application for Membership



Membership Category

I would like to apply for membership under the following category :

Silvicultural Accredited Surveyor (SAS)

Personal Information

Legal Last Name | Legal First Name | Accreditation Number

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

Gender: Male Female
Are you of Aboriginal ancestry? (optional) Yes No | Metis Yes No | Inuit Yes No

Place of Birth: _____ | Date of Birth: _____
Country | dd/mm/yy

Citizenship: Are you a Canadian citizen or otherwise legally eligible to accept work in Canada? Yes No

Business Address

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

Street Address | Mailing Address (if different)

City | Province | Postal Code

() | ()

Telephone | Cellular

Home E-mail

Silviculture Surveyor Accreditation (enclose proof of silviculture surveyor accreditation)

Accreditation Course Provider

Completion Date

Location

Accreditation Number

Memberships

1. Are you a member of another technical society or professional organization?

Yes No

If yes, please specify:

Education History

Full-Time Education: List degrees/diplomas obtained starting with the most recent. Attach a separate sheet if additional space is required.

1.	Institution Name	Province/State, Country	Program Name
2.	Institution Name	Province/State, Country	Program Name
3.	Institution Name	Province/State, Country	Program Name

Specialized Courses

1.	Institution Name	Province/State, Country	Course Name
2.	Institution Name	Province/State, Country	Course Name
3.	Institution Name	Province/State, Country	Course Name

Silviculture Seminars or Committee Meetings

1.	Seminar Name	Province/State, Country	Date Completed
2.	Seminar Name	Province/State, Country	Date Completed
3.	Seminar Name	Province/State, Country	Date Completed

Elected or Appointed Silviculture Committee Positions

1.	Committee Name	Position	Year	2.	Committee Name	Position	Year
3.	Committee Name	Position	Year	4.	Committee Name	Position	Year

Privacy Statement

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

- Business Address
- Home Address
- Both Addresses
- Neither Address

Certification

I recognize that under the *Foresters Act* a person commits an offence if they apply for membership by a false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my education and experience and if granted membership under the terms of the *Foresters Act* and the bylaws of the association, agree to abide by the terms of the *Foresters Act* and the association's bylaws (including the Code of Ethics and Standards of Professional Practice).

Date Signature of Applicant

Application Fee

Applicant's Last Name First Name Middle Name

Fee payment options:

- Cheque or money order
- Charge my credit card for the full amount
- Visa
- MasterCard

Are you HST exempt? No Yes If you are a provincial government employee, payment must be received from your employer to qualify for HST exemption (see declaration below).

Application fee \$ _____ (see Fees page (http://www.abcfp.ca/members_area/my_membership/fees.asp) for current amount)

HST (if applicable) \$ _____

Total amount \$ _____

_____ / _____

Credit Card Number Expiry Date

Name on Card Signature of Cardholder

HST Exemption Declaration

This is to certify that the property and/or services ordered/purchased hereby are being purchased by _____ with Crown Funds, and are not, therefore, subject to the Harmonized Sales Tax.

Name of Provincial/Territorial Government Department or Institution

HST Exemption Number Signature of Authorized Official

Confidential Work Experience Report (1)



An applicant for membership with the ABCFP has asked that you provide him/her with a Confidential Work Experience Report. To act as a reference, you must be a member of the ABCFP and have direct knowledge of the applicant's work experience as a supervisor or colleague for the time period specified in question 5 of this report. You are not eligible to supply a reference if you are 'related' to the applicant. 'Related' generally refers to a close relationship by birth, marriage or even business in which the applicant has a position of power or authority over the reference or the reference's source of employment (applicant is the reference's business partner, supervisor or boss). More specifically, the term 'related' describes the terms on which one person has dealings with another person to the extent that professional principles may be or may be perceived to be compromised.

Please be fair and honest when answering the questions on this form. Once you have completed this form, sign, date, stamp, seal and enclose this form in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant** to be included in his/her application package. Do not send it to the ABCFP directly. This may delay the application process. The information provided in this form is strictly confidential and for ABCFP use only.

Applicant: _____
Last Name First Name

Reference: _____
Last Name First Name Prof. Designation Member #

_____ Street Address

_____ City Province Postal Code

() Telephone Extension E-mail

1. I have known the applicant for a period of: _____
Months or Years
2. I have known or been associated with the applicant as his/her:
 Supervisor Colleague Employer Employee Instructor
 Other: _____
3. Do you consider the applicant to be suitable for eventual registration as an associate member?
 Yes No Acceptable with Reservations
4. If you answered **No** or **Acceptable with Reservations** in question three, please provide a brief but candid explanation (More space is provided on the following page. Attach additional sheets if necessary):

Confidential Work Experience Report (2)



An applicant for membership with the ABCFP has asked that you provide him/her with a Confidential Work Experience Report. To act as a reference, you must be a member of the ABCFP and have direct knowledge of the applicant's work experience as a supervisor or colleague for the time period specified in question 5 of this report. You are not eligible to supply a reference if you are 'related' to the applicant. 'Related' generally refers to a close relationship by birth, marriage or even business in which the applicant has a position of power or authority over the reference or the reference's source of employment (applicant is the reference's business partner, supervisor or boss). More specifically, the term 'related' describes the terms on which one person has dealings with another person to the extent that professional principles may be or may be perceived to be compromised.

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Reference: _____
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Street Address

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- I have known the applicant for a period of: _____
Months or Years
- I have known or been associated with the applicant as his/her:
 Supervisor Colleague Employer Employee Instructor
 Other: _____
- Do you consider the applicant to be suitable for eventual registration as an associate member?
 Yes No Acceptable with Reservations
- If you answered **No** or **Acceptable with Reservations** in question three, please provide a brief but candid explanation (More space is provided on the following page. Attach additional sheets if necessary):

Confidential Work Experience Report (3)



An applicant for membership with the ABCFP has asked that you provide him/her with a Confidential Work Experience Report. To act as a reference, you must be a member of the ABCFP and have direct knowledge of the applicant's work experience as a supervisor or colleague for the time period specified in question 5 of this report. You are not eligible to supply a reference if you are 'related' to the applicant. 'Related' generally refers to a close relationship by birth, marriage or even business in which the applicant has a position of power or authority over the reference or the reference's source of employment (applicant is the reference's business partner, supervisor or boss). More specifically, the term 'related' describes the terms on which one person has dealings with another person to the extent that professional principles may be or may be perceived to be compromised.

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Applicant: _____
Last Name First Name

Reference: _____
Last Name First Name Prof. Designation Member #

Street Address _____

City _____ Province _____ Postal Code _____

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Telephone Extension E-mail

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