



APPLICATION FOR RPF® REGISTRATION

APPLICATION

Full name	
Full Postal address	
Email	Day phone
IFA membership number if applicable	

DECLARATION

- I have read and understand the Code of Ethics and agree to abide by them.
- I certify that the information provided herein and separately is true and correct.

REGISTRATION REQUIREMENTS

I wish to register as:

- A1. General Practicing Forester (GPF) only
- OR
- A2.GPF with recognised skills as detailed below
- OR
- B. Specialist area as detailed below.

Details of expertise

My Curriculum Vitae, detailing overall professional employment history (including contact for 3 referees), has been emailed mailed faxed attached.

A Statement supporting areas of recognition being claimed has been emailed mailed faxed attached.

A copy of my academic record has been emailed mailed faxed attached not required.

IFA Voting Members or Fellows have their qualifications recorded by the National Office and are not required to submit these again. However, those applying as a specialist will need to submit the relevant course details or academic records.



PROFESSIONAL INDEMNITY INSURANCE

Only required if engaged in external consultancy work.

Name of insurer:	
Policy no.	Expiry date:

PAYMENT

IFA members \$110
Non-members \$360

Credit card type Visa Mastercard Amex

Creditcard No _____

Expiry date _____

CCV _____

Name on credit card _____

CONTACT DETAILS

Mail IFA, PO Box 576 Crows Nest NSW 1585
Email admin@forestry.org.au
Online www.forestry.org.au
Phone 02 9431 8670
Fax 02 9431 8677

Please keep a copy of this application for your records.