

FOREST MANAGEMENT PROFESSIONAL ASSOCIATE APPLICATION 2019/20



I/We hereby apply as a Forest Management Professional / Consultant Associate Member with an individual or business turnover of less than \$500,000 per annum.

Your Details:

Company: _____

Contact Name: _____

Address: _____
 _____ **P/code** _____

Postal Address: _____
 _____ **P/code** _____

Telephone: _____ **Fax:** _____

Email: _____

Please indicate (✓) your predominant forest management professional categories or services (up to 5).

Native forest silviculture <input type="checkbox"/>	Forest valuation <input type="checkbox"/>
Plantation management <input type="checkbox"/>	Agroforestry <input type="checkbox"/>
Carbon forestry <input type="checkbox"/>	Wood properties <input type="checkbox"/>
Fire management <input type="checkbox"/>	Biosecurity <input type="checkbox"/>
Natural resource management <input type="checkbox"/>	Weed and pest management <input type="checkbox"/>
Water management <input type="checkbox"/>	Environmental certification <input type="checkbox"/>
Forestry economics <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Other: _____ <input type="checkbox"/>	

Fee

\$ 500 +GST per annum = \$ 550.00

Payment:

Mastercard Visa Cheque (payable to Timber Queensland Ltd)

Please contact Timber Queensland for Direct Debit details

Credit Card Details _____ / _____ / _____ / _____ **Expiry Date** __ / __

Amount: \$ _____ **Name on Card:** _____

Signature: _____

Authorised Person:

Signature: _____

Name: _____

Date: _____

**Please complete and return by fax (07) 3358 7999 or post to Timber Queensland,
PO Box 231, Kedron, QLD 4031.**