

# FOREST MANAGEMENT PROFESSIONAL ASSOCIATE APPLICATION 2017/18



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.**