

FOREST MANAGEMENT PROFESSIONAL ASSOCIATE APPLICATION 2024/25



I/We hereby apply as a Forest Management Professional / Consultant Associate Member with an individual or business turnover in Queensland 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 via email to mick.stephens@timberqueensland.com.au or post to Timber Queensland, PO Box 231, Kedron, QLD 4031