



# Canadian Forest Genetics Association

## Membership Application Information

Name:

Title/Position:

Affiliation:

Email:

Address:

I confirm that I am a ...

- Canadian citizen,
- permanent resident of Canada, or
- a person working or studying in Canada.
  
- I confirm that I have read and will uphold the purpose and bylaws of the Association.
- I will inform the Association's secretary of any changes to my contact information.

Signature:

Date:

Please send completed form to: [admin@cfga-acgf.com](mailto:admin@cfga-acgf.com)

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Membership accepted on \_\_\_\_\_ . \_\_\_\_\_  
Date Secretary