

SUSTAINABLE FORESTRY INITIATIVE (SFI)SM PROGRAM

APPLICATION FOR PARTICIPATION

As an authorized representative of the applicant, upon acceptance of this application, we agree to the following:

Abide by the SFI Standard

Participate personally and financially in the State Implementation Committee in the state(s) in which the Applicant operates;

Pay the annual license fee; and

Execute the Licensing Agreement and return it to Missouri Forest Products Association together with the licensing fee.

I represent a (please check appropriate box): company nonindustrial forest landowner public forest land management agency / organization college or university forest land manager foundation

Signature

Name

Title

Phone

Applicant

Address

Fax

State(s) of Operation

Annual Sales (in millions) \$

E-Mail

Professional Forester or Resource Manager Assurance

I fully believe that _____ (name of applicant) understands and will fully implement the SFI program and is committed to expanding the practice of sustainable forestry.

Signature

Name

Title

Affiliation

Forestry License or Degree Received From

Address

Phone

Fax

Please attach a brief history of the applicant and list of products produced.

Please return this form to:

Missouri Forest Products Association

611 East Capitol Avenue, Suite One Jefferson City, MO 65101

573-634-3252 · FAX: 573-636-2591 · www.moforest.org