



Certified Fence Professional Program Application Form

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone _____ Fax _____

Payment Information (US Dollars only):

☐ Visa ☐ MasterCard ☐ American Express ☐ Check (Made out to AFA)

Name _____

Number _____ Exp _____

Signature _____

Do Not Write Below This Line

Please initial any entries made on personal record

Initials

PERSONAL HISTORY & SERVICE

FEE (\$345 members, \$695 non-members) Date Rec'd _____

SPECIFICATIONS AND STUDY MATERIALS Date _____

CFP Written Exam Score _____

Location _____

Date _____ Proctor _____

CFP Written Exam Score _____

Location _____

Date _____ Proctor _____

REFERENCES AND AFFIDAVIT Date Rec'd _____

CFP AWARD DATE _____, 20____

PERSONAL HISTORY AND SERVICE

You must qualify by education level and time in the fence industry or related field with one of the following: (Please Circle One)

1. COLLEGE DEGREE WITH 3 YEARS EXPERIENCE IN THE FENCE INDUSTRY

School & Year of Graduation _____

Major & Degree Received _____

Year & Month entered fence industry _____

Employer _____

2. ASSOCIATE DEGREE WITH 4 YEARS EXPERIENCE IN FENCE INDUSTRY

School & Year of Graduation _____

Major & Degree Received _____

Year & Month entered fence industry _____

Employer _____

3. HIGH SCHOOL DIPLOMA OR GED WITH 5 YEARS EXPERIENCE IN FENCE INDUSTRY

School & Year of Graduation _____

Location _____

Year & Month entered fence industry _____

Employer _____

4. NO HIGH SCHOOL DIPLOMA WITH 10 YEARS EXPERIENCE IN FENCE INDUSTRY

Year & Month entered fence industry _____

Employer _____

I hereby certify that all of the information given on this form is true and accurate. I understand that if any of the information herein submitted is false or misleading, certification will be denied or withdrawn.

Signature

Date

I understand that by authorizing/providing the fax number(s) listed above, I consent to its receipt of communications sent by or on behalf of the American Fence Association, Inc., AFA Education Foundation, AFA chapters (and their subsidiaries and affiliates) and CM Services, Inc. (and their subsidiaries and affiliates). [I understand that AFA and CM Services, Inc. will not share my fax with other organizations.] This consent is intended to fully comply with the Telephone Consumer Protection Act of 1990 and subsequent amendments. This consent remains in effect until specifically terminated in writing by an authorized person.

Name: (print clearly) _____

Signature: _____ Date: _____

**Please send completed form along with your payment of
\$345 for members & 2012 Landscape Expo attendees
\$695 for nonmembers to:
American Fence Association
800 Roosevelt Rd., Suite C-312
Glen Ellyn, IL 60137
Fax: (630) 790-3095**

Source Code: TLE