



MEMBERSHIP APPLICATION

The following information will be posted in our rosters and on our website. Please make sure all information is accurate.

Company Name: _____

Mailing Address: _____

Telephone: _____ Fax Number: _____

E-Mail: _____ Website: _____

Categories: (Please circle the categories that your company performs)

1. Tree Pruning & Removals
2. Stump Removals
3. Tree & Shrub Spraying
4. Tree & Shrub Fertilizing
5. Landscaping
6. Consulting and Appraisals
7. Transplanting Large Trees
8. Water and Irrigation Systems for Trees

Your Name: _____

Position: _____

Education Background or Work Experience (optional):

3 References (2 must be members):

3 Work Location References (must provide address, type of work completed, and date completed)

Membership dues are as follows (** for active members select probationary active status for 1st year)

- Active: \$100.00 any person engages in the profession of arboriculture. Arboriculture being defined as the planting, propagation, and preservation of trees and shrubs. An active member must provide a Certificate of insurance verifying workman's compensation and property liability insurance of not less than \$100,000.00
- Probationary Active: \$50.00 per member (Temporary status of any applicant for new membership as an active member, until review of jobs by Ethics Committee).
- Contributing: \$120.00 per Company (Supplier of Arborists' Materials.)
- Associate: \$ 50.00 per member (Any person with an interest in the field of arboriculture, employed by an active member of the association, employed by a business related to the field of arboriculture MUST NOT MEET THE QUALIFICATIONS OF ACTIVE MEMBERSHIP)
- Municipal: \$ 60.00 per member (Any person employed in an arboriculture position in a municipality.)

Please add employee names to the list in the appropriate category to represent your company at our monthly meetings. **Please remember you must attend all meetings during your probationary period.**

Probationary: _____	Total\$ _____
Associate: _____	Total \$ _____
Contributing: _____	Total\$ _____
Municipal: _____	Total\$ _____
_____	_____
Grand Total\$ _____	

As a member of the Association, I agree that I have read and will uphold the Bylaws of the Association.

APPLICANT'S SIGNATURE _____

Date Received: _____
Date of 1st Reading: _____
Date of 2nd Reading: _____
Date Dues Paid: _____
Amount Paid: _____

Mail To: St. Louis Arborists Association
Attn: Carolyn Drapp
2009 Forest Avenue
St. Louis, MO 63139