



### 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 1<sup>st</sup> year)**

- Active: \$200.00 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: \$100.00 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 1<sup>st</sup> Reading: \_\_\_\_\_  
Date of 2<sup>nd</sup> Reading: \_\_\_\_\_  
Date Dues Paid: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_

Mail To: St. Louis Arborists Association  
Attn: Carolyn Drapp  
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