

Membership Application

(Please Print) Name	Compan	y Name	
Mailing Address			
City			Zip Code
Phone (work)	(cell)		
Email	Certification #		
By joining, tree care professionals authorize the Chapt Community Forestry Society (formerly SMA), the Ar Commercial Arboriculture. Completing	boriculture Research and Educatio this form serves management notion	n Academy (AREA), the Utility A ce that you agree to be contacte	rborist Association, and the Society of d by mail/phone/or email.
MEMBERS	HIP CLASSIFICATIONS	6 – OHIO CHAPTER IS	SA
Tree care professionals who are actively engaged in arboriculture. May vote and hold office. Students r horticulture field and Student m Buckeye A RETIRED as well a communic	program or a related provide a transcript. contr embers receive <i>The</i> <i>trborist</i> electronically as other electronic cations and program May not vote nor hold or office. su	LIFE duals who desire to make a one-time ibution of \$1,000. May vote but not hold office. SUSTAINING nercial firms, organizations, individuals interested in ipporting the Chapter by ibuting \$250. May not vote nor hold office.	ASSOCIATE Individuals who are interested in arboriculture. Applicants may include MGV, OCVN, ODNR TCA graduates, FFA/4-H advisors, scout leaders, and others. Discounted dues (\$20) to receive a bi-monthly newsletter electronically. May not vote nor hold office.
 Student Retired Sustaining Life one-time Associate – P Master Gar Ohio Certifi Tree Comm Advisor – P Other:	<i>contribution</i> \$1,000 lease select category dener Volunteer ed Volunteer Naturalist	s, etc.):	\$20 \$250

What is your current area of practice? (Please circle one)

Commercial/Residential/Tree Company/Education/Training/Research/Extension • Municipal/Urban Forestry/Public Works/ Government • Utility/Vegetation Management • Other:

Which option most closely describes your current position? (Please circle one)

ISA Membership can be obtained at

Consultant • Educator • Landscape Architect/Horticulturist • Marketing/Sales • Owner/ President • Researcher • Student/Apprentice • Supervisory/Management • Tree Worker/Climber/Technician • Other:

Please mail the completed form with a check or money order payable to:

http://www.isa-arbor.com/membership/becomeMember/index.aspx

Ohio Chapter ISA P.O. Box 267 Baltimore, OH 43105-9998

Membership benefits are active for 12 months from the date the dues are received. Memberships are non-transferable and non-refundable. Questions? Contact the Chapter at (614) 771-7494 or email *info@ohiochapterisa.org*.