



**2017 Aloha Arborist Association  
Membership Application**

Please process my membership with Aloha Arborist Association for calendar year 2017.

Membership:  \$10 Student       \$25 Government Employee       \$50 Individual  
 \$150 Company       \$1,000 Lifetime Member      Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

If Company Membership, please designate 3 company representatives for voting purposes\*:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Island: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Publish my contact information on the AAA website:  Yes  No

*\*Company members may send any of their employees to workshops at AAA member rates*

Please send this completed form to:

Aloha Arborist Association  
PO Box 894498  
Mililani, Hawaii 96789

Or via email to: [info@alohaarborist.com](mailto:info@alohaarborist.com)

Please include a check made payable to **Aloha Arborist Association**, or if you prefer, you can pay online with a credit card at [alohaarborist.com/index.php/become-a-member/](http://alohaarborist.com/index.php/become-a-member/)

**Mahalo for your support!**