



**2018 Aloha Arborist Association
Membership Application**

Please process my membership with Aloha Arborist Association for calendar year 2018.

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

Name: _____
Lifetime membership applies only to the individual named above

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

Please **do not** publish the selected contact info: _____

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

Please make check payable and mail completed form to:

Aloha Arborist Association
PO Box 894498
Mililani, Hawaii 96789

Or via email to: info@alohaarborist.com. You can also pay online with a credit card at
alohaarborist.com/index.php/become-a-member/

Mahalo for your support!