

## Aloha Arborist Association Membership Application

| Please process m        | y membership with Ale                 | oha Arborist Association for | calendar year 2021.      |  |
|-------------------------|---------------------------------------|------------------------------|--------------------------|--|
| Membership:             | ] \$10 Student □                      | \$25 Government Employee     | e ☐ \$50 Individual      |  |
| ☐ \$150 Compan          | y* 🗌 \$1,000 Lifetir                  | me Member Today's Da         | te:                      |  |
| *Company membe          | ers may send any of th                | neir employees to workshops  | at AAA member rates      |  |
| Name:                   |                                       |                              |                          |  |
| Lifetime memb           | ership applies to the individual name | ed above                     |                          |  |
|                         |                                       |                              |                          |  |
| If Company Memb         | pership, please design                | ate 3 company representativ  | res for voting purposes* |  |
| E-Mail:                 |                                       | Website:                     |                          |  |
| Phone:                  | Fax:                                  | Mobile phone: _              |                          |  |
| Address:                |                                       |                              |                          |  |
|                         |                                       | Island:                      |                          |  |
| Publish my contac       | t information on the A                | AA website: "Yes "N          | 10                       |  |
| Please <b>do not</b> pu | blish the selected conf               | act info:                    |                          |  |
| Please make che         | eck payable and mail c                | ompleted form to:            |                          |  |
| Aloha Arb<br>PO Box 89  | orist Association<br>4498             |                              |                          |  |

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

Mililani, Hawaii 96789