



# Indiana Arborist Association

## Membership Form

*Membership expires each year on the anniversary date of dues payment.*

<b>Type of Membership:</b>	___ <b>New Application</b>	___ <b>Renewal</b>
Name: _____	Company: _____	
Position: _____	Address: _____	
Business Phone: _____	City: _____	State: _____
Personal Phone: _____	Zip Code: _____	
Email: _____	Website: _____	
Referring member, if applicable: _____	Length of experience: _____	
ISA membership #: _____	Certified Arborist #: _____	

**Choose the group of primary work in Arboriculture**

Municipal Agency Institution	Commercial	Contractor	Utility	Supplier	Student
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**Student Members**

University or College: _____
Department: _____
Major: _____ Advisor: _____

**Cost for 2012 Annual Active Membership: \$ 40.00**

**Student: \$ 25.00**

**Make Checks Payable to: Indiana Arborist Association or, Account Information if paying by Credit Card**

Circle one:	Visa or MasterCard	Card #: _____			
Expiration Date:	_____	Billing Zip Code:	_____		
Name as it appears on the Card:	_____	3 Digit Code:	_____		

**Signature**

<b>Authorized Signature:</b> _____	<b>Date:</b> _____
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By joining the Indiana Chapter, you authorize the Indiana Chapter to make your contact information available to the ISA so they can share information with you about educational seminars and other relevant events.

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