



# Indiana Arborist Association Award Application

*Nominations must be received by November 30<sup>th</sup>.*

## **( ) Distinguished Service Award**

The Indiana Arborist Association, Inc. (IAA) each year grants the Distinguished Service Award. This award is presented to individuals who have given of themselves, to the benefit of the Indiana Arborist Association or to Arboriculture as a whole. This recipient **does not** need to be an IAA member.

## **( ) Meritorious Service Award**

The Indiana Arborist Association, Inc. (IAA) each year awards one or more members with the Meritorious Service Award. To be eligible for this award the recipient **must be** a member of IAA. The award is presented based on their outstanding work in the field of arboriculture.

## **( ) Tree Worker Award**

This award will be presented to an individual who has significantly improved the quality of tree care, climbing techniques, and/or safety of tree care professionals. It also recognizes tree care workers who have, through their expertise and customer interaction, advanced the understanding and professionalism of arboriculture to consumers. The individual nominated must have Tree Worker Certification or be a Certified Arborist. Award winner will receive a plaque and \$250 cash award.

## **( ) ISA Gold Leaf Award**

Each year the International Society of Arboriculture recognizes individuals, organizations, and communities at the chapter level for outstanding Arbor Day programs, tree plantings and community landscape beautification projects. This is an opportunity for ISA chapters to acknowledge worthy individuals, organizations or municipalities for projects that have had a significant impact on a community, area, or region usually over a period of several years. The award process also provides visibility of ISA at a local level.

***To make a nomination, please complete and return this form to:***

***Indiana Arborist Association  
PO Box 946  
Cicero, IN 46034  
Or: [info@indiana-arborist.org](mailto:info@indiana-arborist.org)***

Name of  
Nominee: \_\_\_\_\_

Employer /  
Affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ (work) \_\_\_\_\_ (cell or home)

Person submitting entry: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ (work) \_\_\_\_\_ (cell or home)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

