



**WISCONSIN ARBORIST ASSOCIATION, INC.**  
CHAPTER OF THE INTERNATIONAL SOCIETY OF ARBORICULTURE  
*Improving the understanding of trees and the practice of arboriculture.*

**APPLICATION FOR MEMBERSHIP**

*Please Print*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Firm/Affiliation \_\_\_\_\_

Position/Title \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

ISA Member? \_\_\_\_ Y \_\_\_\_ N Certified Arborist? \_\_\_\_ Y \_\_\_\_ N ISA Certification # \_\_\_\_\_

Other professional affiliations: \_\_\_\_ AF \_\_\_\_ ALCA \_\_\_\_ ANLA \_\_\_\_ AREA \_\_\_\_ ASCA \_\_\_\_ ASLA \_\_\_\_ GMAW \_\_\_\_ NAA

\_\_\_\_ NADF \_\_\_\_ NRPA \_\_\_\_ PGMS \_\_\_\_ SAF \_\_\_\_ SCA \_\_\_\_ SMA \_\_\_\_ SSA \_\_\_\_ UAA \_\_\_\_ WLCA \_\_\_\_ WNA \_\_\_\_ WPRA \_\_\_\_ WTA

Other? \_\_\_\_\_

Student Member: School \_\_\_\_\_ Major \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

**CODE OF ETHICS AS ADOPTED BY THE WAA**

*See Code of Ethics Page*

I hereby agree to abide by the International Society of Arboriculture Code of Ethics for Arborists in all matters relating to technical arboricultural activities, business and operations and civic responsibilities; furthermore, I will so conduct myself as to further the status of arboriculture as a respected profession.

Signature of Applicant \_\_\_\_\_

**MEMBERSHIP CLASSIFICATION AND DUES**

Check appropriate classification - see definitions on Membership Classification page

- |  |                 |                |              |               |      |         |
|--|-----------------|----------------|--------------|---------------|------|---------|
| 1. Professional Member ( <i>check one</i> ): | ____ Commercial | ____ Municipal | ____ Utility | ____ At-Large | .... | \$40.00 |
| 2. Educational Member                        | .....           |                |              |               |      | \$40.00 |
| 3. Associate Member                          | .....           |                |              |               |      | \$40.00 |
| 4. Affiliate Member                          | .....           |                |              |               |      | \$70.00 |
| 5. Student Member                            | .....           |                |              |               |      | \$10.00 |

*Make check payable to WAA*

Please enclose dues and return to:

John Wayne Farber,  
100 E. Main Street, Unit 203  
Waukesha, WI 53186