



**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*

- New
- Returning
- Update Existing Information

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ - \_\_\_\_\_

Company/Organization \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

(By giving us your email address, you authorize the WAA to send you email notifications of upcoming events and educational seminars. No more than four emails per month will be sent except under special circumstances.)

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

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

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

\*Student members are required to obtain their advisor's signature.

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

*See Code of Ethics Page*

I hereby agree to abide by the Wisconsin Arborist Association's 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.

By joining the WAA, you authorize the WAA to make your contact information available to the ISA and the WI DNR so they can share information with you about educational seminars and other relevant events. Please note that your privacy is our utmost concern.

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

**MEMBERSHIP CLASSIFICATION AND DUES**

Make check payable to WAA. Please enclose dues and return to: **Tina Johnson, WAA, PO Box 189, Eagle, WI 53119-0189**

Questions? Email Tim Harris, Membership Chair, at [tim2@buckleytree.com](mailto:tim2@buckleytree.com) or call 262-844-0646.

- 1. Professional Member .....\$45.00
- 2. Student Member (Free ISA membership included).....\$15.00

**Area of Practice - Select Primary**

Commercial/Residential/Tree Company	Other
Education/Training/Research/Extension	Supplier/Manufacturer
Landscaping/Landscape Architecture/Nursery	Utility/Vegetation Management
Municipal/Urban Forestry/Public Works/Government	

**Job Function - Select All That Apply**

Consultant	Owner/President
Educator	Researcher
Landscape Architect/Horticulturist	Student/Apprentice
Marketing/Sales	Supervisory/Management
Municipal/Urban Forester	Trainer
Other	Tree Worker/Climber/Technician