

UTILITY ARBORIST ASSOCIATION APPLICATION 2012

Name: _____

Company: _____

Address: _____

City, State & Zip: _____

Sponsor (if applicable): _____

Bus. Phone: _____

Home Phone: _____

Fax: _____

Email: _____

Please check one: Business address Home address

CHECK ONE: Membership Renewal New Member Address change/correction

CHECK ONE: Electric Utility Employee Contractor Service Employee
 Materials/Chemical Supplier Academia/Research Other

Dues may be paid by cash, check or credit card.
Please check one of the following:

Visa MasterCard American Express

Card Number: _____ Exp Date: _____

DUES FOR 1 YEAR ARE \$40.00 USD.

Send this completed form with your check (US Funds drawn on a US bank) payable to **Utility Arborist Association** and mail to: UAA, PO Box 3129, Champaign, IL 61826-3129; or fax with credit card information to (217) 355-9516.