

Membership Application

St. Louis Arborists Association

Application Date: _____

Applicant Name: _____

Business/Affiliation: _____

Address: _____

City: _____ State: ____ Zip: _____ - _____

Phone (day): (____) _____ Phone (eve): (____) _____

Fax (day): (____) _____ Email: _____

Residence Address: _____

City: _____ State: ____ Zip: _____ - _____

Recommended by: 1) _____

2) _____

- Membership Class: Active Member Dues (\$ 80.00)
(individual engaged in the profession of arboriculture)
- Associate Member Dues (\$ 40.00)
(individuals interested in arboriculture, individuals employed by an Active member, individuals employed by a business allied to the field of arboriculture)
- Probationary Member Dues (\$ 40.00)
(temporary status of any applicant for new membership as Active member)
- Contributing Member Dues (\$ 100.00)
(supplier of materials to the arboriculture trade)
- Municipal Member Dues (\$ 50.00)
(individuals employed as a municipal arborist)

Applicant's Professional Profile (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Garden Center (retail) | <input type="checkbox"/> Public Horticulture(gardens, zoos) |
| <input type="checkbox"/> Florist (retail) | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Landscape Designer | <input type="checkbox"/> Horticulture Educator |
| <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Garden Writer/Public Speaker |
| <input type="checkbox"/> Landscape Contractor | <input type="checkbox"/> Greenhouse (wholesale) |
| <input type="checkbox"/> Arborist | <input type="checkbox"/> Nursery (wholesale) |
| <input type="checkbox"/> Professional Gardener | <input type="checkbox"/> Turfgrass Sod Grower (wholesale) |
| <input type="checkbox"/> Turfgrass Care Professional | <input type="checkbox"/> Hort Sales/Mktg. (wholesale) |
| <input type="checkbox"/> Landscape Manager (on-site) | <input type="checkbox"/> Distributor (wholesale) |
| <input type="checkbox"/> Horticultural Consultant | |

Please make your dues payable to: **St. Louis Arborists Assn.**

Please mail this completed membership application and member dues to:
Hort Co-op of Metro St. Louis 4937 Waringford Dr. St. Louis, MO 63128-3070