

**2009 Aloha Arborist Association
Membership Application**

Please process my membership with Aloha Arborist Association for calendar year 2009.

Membership: \$10 Student \$25 Government Employee \$50 Individual
 \$150 Company \$1,000 Lifetime Member

Name: _____

Company: _____

If Company Membership, please designate 3 company representatives:

Address: _____

_____ **Website:** _____

Phone: _____ Fax: _____ E-Mail: _____

You may publish this information on the AAA website: Yes No

Please send this completed form to Aloha Arborist Association, P.O. Box 893953, Mililani, HI 96789-0953 with a check made payable to Aloha Arborist Association.

Mahalo for your support!