



2012 Student Membership Application

Name: _____ Title: _____
 Company: _____
 Street Address: _____
 City: _____ State/Province: _____ Zip/Postal: _____
 Country: _____ Phone: _____
 E-mail*: _____

*An email address is required to participate in ISA Board of Directors elections and to receive other official communications from the ISA office.

Were you referred by a current member? _____ Please list their name and city: _____

What is your current area of practice? Please circle one.

- Agriculture • Commercial/Residential • Consulting • Education • Extension • Forestry • Golf Course • Landscape • Municipal •
 Public Works • Research • Training • Utility • Other

Which option most closely describes your current position? Please circle one.

- Apprentice • Consultant • Crew Leader • Director • Ground Worker • Horticulturist • Intern • Landscape Architect • Manager •
 Marketing/Sales • Owner • Planner • President • Professional Arborist • Professor • Researcher • Student • Tree Worker/Climber • Other

Communication and Sharing Preferences

The ISA Membership list is made available to chapter and professional affiliates. Other non-profit groups and educational institutions may also request access to for a fee. If you do not respond, we will assume that you want to be included. *May we include your name on this list?*

Yes No

Do you want to receive a printed ISA Membership Directory? If you do not respond, we will assume that you want to receive this.

Yes No

ISA may make some of your contact information available to the public to verify membership status. If you do not respond, we will assume that you want to be included. *May we include your information?*

Yes No

You may update more of your preferences on the ISA website at www.isa-arbor.com/Profile

SECTION 1 MEMBERSHIP TYPE

Dues are for January 1 through December 31 and cannot be pro-rated for any portion of the year. Dues are non-transferable and non-refundable.

Student • *Must be enrolled in 6+ credit hours and verify student status; Printed magazine subscription available for extra fee* \$45

SECTION 2 PROFESSIONAL AFFILIATIONS (OPTIONAL)

SECTION 1 [\$]

- Arboricultural Research and Education Academy **Free for students**
 Society of Commercial Arboriculture \$35
 Society of Municipal Arborists *Student: \$40*
 Utility Arborist Association \$40

SECTION 3 STUDENT MEMBERSHIP INFORMATION

SECTION 2 [\$]

I verify that I am currently a student enrolled in at least six hours of coursework at an accredited institution. I understand that providing false information can affect my standing with ISA and may lead to loss of my ISA membership without refund.

Advisor's name: _____

Advisor's Email: _____

Advisor's Phone number: _____

Please include copy of your current class schedule when you mail or fax this application. You must be enrolled in at least six credit hours to qualify for student membership.

SECTION 4 PAYMENT INFORMATION

All fees must be paid in U.S. dollars drawn off a U.S. bank.

Mail completed form to ISA Membership Department • PO Box 3129 • Champaign, IL 61826-3129 • USA. If paying by credit card, you may also FAX the form to 217.239.5721.

TOTAL 1-2 [\$]

Payment Type: Visa MasterCard American Express Check (Provide check number here) _____

CC # _____ Exp: _____ / _____ Signature: _____

Name on Credit Card: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal: _____