



TREE WARDENS' ASSOCIATION OF CONNECTICUT, INC.

NEW MEMBER FORM 2011

(Please print)

Name _____

Job Title _____

Work Address _____

City/town _____ Zip code _____

Work telephone _____

Work fax _____

E-mail _____

In what city/town/borough do you serve as
Tree Warden or Deputy (if applicable): _____

Check here if you are a Tree Warden: _____

Membership Category (check one)

- | | |
|---|---------|
| <input type="checkbox"/> Active Tree Warden (voting member) | \$50.00 |
| <input type="checkbox"/> Associate Member (includes deputy tree wardens, friends, businesses,
and non-governmental organizations) | \$35.00 |
| <input type="checkbox"/> Past Tree Warden (voting member) | \$25.00 |

Make check payable to: Tree Wardens' Assoc. of CT

Mail to: Tree Wardens' Assoc. of CT
c/o UCONN Cooperative Extension
1800 Asylum Ave.
West Hartford, CT 06117-2600

Questions: Robert.ricard@uconn.edu