

TCIA AFFILIATE MEMBERSHIP APPLICATION

Join Tree Care Industry Association today!

1. MEMBERSHIP CONTACT INFORMATION

Firm Owner: Firm _____ Prefix: Mr. _____ Ms. _____ Mrs. _____

Name: _____

Mailing Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Canadian Members Note: Please OPT IN to receive TCIA emails by signing here: _____

2. TELL US MORE ABOUT YOUR COMPANY (Optional)

Business Start Date: # ____ / ____ / ____ # of Employees: _____ Spanish Speaking %: _____

of Branches: _____ # of Spray Rigs: _____ # of Chippers: _____

of Lift Trucks: _____ # of Cranes: _____ # of Forestry Body Trucks: _____

Do You Carry General Liability Coverage _____ Do You Carry Workers Compensation Coverage _____

Primary Business (must add up to 100%):

Residential _____% Commercial _____% Utility _____% Municipal _____%

3. PAYMENT TYPE

Total Amount Due: \$399* USD!

Payment Type: Cheque Enclosed Visa/MasterCard/AmEx/Discover

Expiry Date

□□/□□

Credit Card #: □□□□ □□□□ □□□□ □□□□

CVC: _____

Signature: _____

Tree Care Industry Association
670 N. Commercial St, Suite 201 Manchester,
NH 03101 USA
Phone: (603) 314-5380 Fax: (603) 314-5386

If you have any questions, please
contact a TCIA member
representative at:

(603) 314-5380

memberservices@tcia.org

TCIA cannot accept payment
information by email.

Your membership will begin upon receipt of the following items:

1. This completed membership application
2. Payment of \$370* USD (Checks payable to: TCIA)
3. Proof of certificate of Public and Employer's Liability Insurance showing General Liability and Workers Compensation coverage (unless you provide Proof of Exemption / Sole Proprietor).