



TREE CARE INDUSTRY ASSOCIATION

Advancing tree care businesses.

APPLICATION

HOW DO WE GET IN TOUCH WITH YOU?

Company Owner _____ Woman Owned
 Minority Owned

Company Name _____

Street Address _____ PO Box _____

City _____ State _____ Zip _____ Phone _____

Website _____ Email _____

TELL US ABOUT YOUR COMPANY *Required information.* Business Start Date: ___ / ___ / ___

Employees: _____ Spanish Speaking % _____ # Branches: _____

Equipment (check all that apply):
 Lift Trucks Forestry Body Trucks Spray Rigs Chippers Cranes

Primary Business (must add up to 100%)
 Residential: _____ % Commercial _____ % Utility _____ % Municipal _____ %

How did you hear about TCIA? _____

INCLUDE THESE ITEMS ALONG WITH YOUR APPLICATION

Required to process the application.

1. General Liability Insurance Certificate (*required for ALL TCIA tree care company members*)
2. Workers' Compensation Insurance Certificate (*only if it is required in your state for the number of employees in your company or if confirmation of exemption from coverage*)

Please have your agent name TCIA as the certificate holder and email to memberservices@tcia.org, mail to the address below.

TREE CARE INDUSTRY ASSOCIATION Attn: Membership Department
670 N. Commercial Street, Suite 201, Manchester, NH 03101

Note: TCIA cannot accept credit card payment via email.

Dues payments are tax deductible as ordinary and necessary business expenses.

TCIA estimates that 95% of your dues payment is deductible as a business expense (5% is not deductible due to TCIA's direct lobbying activities on behalf of it's members).

Form Valid thru 8.31.24

GENERIC2023

Approximate Gross Annual Tree Care Sales	Annual Dues
<input type="checkbox"/> <\$100K	\$590
<input type="checkbox"/> \$100K - 200K	\$830
<input type="checkbox"/> \$200K - 500K	\$950
<input type="checkbox"/> \$500K - \$750K	\$1310
<input type="checkbox"/> \$750K - \$1M	\$1663
<input type="checkbox"/> \$1M - \$5M	\$2370
<input type="checkbox"/> \$5M - \$20M	\$3350
<input type="checkbox"/> \$20M+	\$6100

For internal use only, this information is confidential and will not be shared with any other outside organization or agency.

PAYMENT

Check enclosed Visa/MasterCard/Amex/Discover

Credit Card No. _____ CVV _____

Exp. Date ___/___/___

Name on Card _____

Signature _____

Mail: Tree Care Industry Association Attn: Membership Department
670 N. Commercial St., Ste 201, Manchester, NH 03101 USA

EMAIL

PHONE

WEB

MEMBERSERVICES@TCIA.ORG 800-733-2622 MEMBER.TCIA.ORG