



# Hispanic Arborist Association <sup>TM</sup>

**Asociación de Arbolistas Hispanos<sup>TM</sup>**

**24210 E. East Fork Rd. LL#4**

**Azusa Ca. 91702**

**(626) 827-0707**

**e-mail: [hispanicarborist@aol.com](mailto:hispanicarborist@aol.com) or [arbolistahispano@aol.com](mailto:arbolistahispano@aol.com)**

**website: [www.hispanicarboristassociation.com](http://www.hispanicarboristassociation.com)**

## Membership Application and Agreement

This is a legal agreement between Hispanic Arborist Association (Asociación de Arbolistas Hispanos), which will be referred to hereinafter as "HAA" and the undersigned Applicant.

The effective date of this Agreement shall be the date of acceptance by "HAA" and or be renewed annually. Membership is valid January 1 to December 31.

Please read carefully and make sure you understand before signing.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Employed at: \_\_\_\_\_

Job title: ( Supervisor, arborist tree climber, driver, estimator, assistant)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Language preference: Spanish English

E-mail: \_\_\_\_\_

I will abide to the provisions of the Rules, Operational Guidelines and Code of Ethics "HAA".

Signature: \_\_\_\_\_

Attached is the annual subscription for an individual U.S. \$ 40.00.

Annual subscription for a company is \$150.00.

Visa, Master Card, Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Check, Cash, Debit Zip code: \_\_\_\_\_ CVC # \_\_\_\_\_ (3 security # 's on back of card)