



Tree Warden School 2019 Application

(Please carefully complete this form)

Name (please print) _____

Your signature _____

Address _____

City/Town _____ State _____ Zip code _____

Work phone (____) _____ - _____

E-mail _____

Date of this application: _____

Are you a Tree Warden? (circle one): Yes No

Are you a Deputy Tree Warden? (circle one) Yes No

If none of the above, what is your position? _____

In what town do you serve? _____

Please note: You do not need to submit payment this this application. Simply send in application as soon as possible to hold a space then make payment when possible. The fee will be \$300 for Tree Warden Association members and \$350 for non-members. Payment is required to take the final exam.

Acceptance criteria: Due to limitations (30 maximum) in class space, Tree Wardens followed by Deputy Tree Wardens will receive priority consideration in acceptance. All other applicants will be considered on a "first come first served basis." If you are not accepted into the program, you will be placed in line for the next class to be held. You will also be notified of all decisions.

Return completed form by: August 1, 2019

Mail to: **TWAC**
PO Box 602
Wallingford, CT 06492

Questions: Email: Robert.ricard@uconn.edu and/or
annietwac@gmail.com