



***“Advanced Certified Tree Warden Program”***

**Registration Form**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cellular Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

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

Completed Tree Warden School: Date \_\_\_\_\_

Choose at least one of the following (For TWAC information only):

\_\_\_\_ Certified Tree Warden (completed Tree Warden School)

\_\_\_\_ Certified Deputy Tree Warden (completed Tree Warden School)

\_\_\_\_ Other (completed Tree Warden School)

\_\_\_\_ Connecticut Licensed Arborist (Lic# \_\_\_\_\_)

Fee: \$50.00

Made Payable to: Tree Wardens' Association of CT

P.O. Box 602

Wallingford, CT 06492