

Tree Wardens' Association of Connecticut, Inc.

NEW MEMBER FORM 2021

(Please print)

Name _____

Job Title _____

Work Address _____

City/town _____ Zip code _____

Work telephone _____

Work fax _____

E-mail _____

In what city/town/borough do you serve as
Tree Warden or Deputy (if applicable): _____

Check here if you are your municipalities Tree Warden: _____

Membership Category *(check one)*

_____ **Municipal Tree Warden** \$75.00

_____ **Deputy Tree Warden** \$60.00

_____ **Associate Member** (friends, businesses, and non-governmental organizations) \$60.00

_____ **Past Tree Warden** \$40.00

Make check payable to: Tree Wardens' Assoc. of CT

Mail to: Tree Wardens' Assoc. of CT
PO Box 602
Wallingford, CT 06492

www.cttreewardens.org
info@cttreewardens.org