



NEW YORK STATE ARBORISTS

ISA Chapter, Inc.

136 Everett Road, Albany, NY 12205

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www.nysarborists.com

info@nysarborists.com



NYSA New Member & Renewal Application

Name: _____

Company: _____

Are you a Certified Arborist? Yes or No ♦ ISA Certified Arborist Number: _____

Address: _____

City: _____ State _____ & Zip: _____

Phone: _____ Email: _____

Please Note: *If you've renewed your dues through ISA, please don't send payment. If you plan to return payment for your NYSA membership dues through the enclosed invoice, please do not submit New York chapter dues through ISA.*

Renew Online Today at NYSArborists.com

Visit www.nysarborists.com to select your membership level. If you require a change in your membership information, simply email Association Headquarters at info@nysarborists.com.

Membership Dues

Membership Category: (select one) Regular-\$65 Educator-\$25 Retired-\$25 Student-\$15

Membership Period: **2022**

Dues Amount: \$ _____ (or provide amount listed above if your status has changed)

Areas of Practice (select all that apply)

Agriculture Commercial/Residential Consulting Education/Research Golf Course
 Landscape Municipal/Public Works Supplies Training Utility Other: _____

Payment Information

Enclose a check, purchase order or your credit card information below. Please make all checks and purchase orders payable to **NYSA**.

Payment Type: Check Credit Card Purchase Order: _____

Credit Card Information American Express MasterCard Visa Discover

Card Number: _____ Exp.: _____ Security Code _____

Name on Card: _____

Billing Information: Same as above

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Card Holder's Signature: _____

Email, Fax or Mail to

NYSA • 136 Everett Road • Albany, NY 12205 • Email: info@nysarborists.com • Fax: 518.935.9436

Thank you for your continued support!