



Membership Form 2018

Name _____

Organization _____

Title _____

Mailing Address _____

City, State, Zip _____

Phone _____ Email _____

ISA Certified Arborist No. _____ List my name on website as certified arborist ___Y ___N

Check one category below.

Membership Category	Dues
---------------------	------

<input type="checkbox"/> Regular	\$35
<i>Individual engaged in community forestry or a related field/profession through private practice or for a government agency</i>	

<input type="checkbox"/> Affiliate	\$35
<i>Individual or firm who manufactures or supplies arboriculture products or who resides outside of North Dakota</i>	

<input type="checkbox"/> Student	\$5
<i>Enrolled in arboriculture, horticulture, forestry, landscape architecture or related fields</i>	

Mission

To increase awareness of the importance of community forestry and to enhance the professionalism of tree care in North Dakota.

Vision

To be a national leader and premier resource for community forestry and tree care.

Goals

- Promote high ethical standards in the practice of arboriculture.
- Advocate for sound policies and programs conducive to community forestry.
- Support public education to develop greater awareness of proper tree care and the value of the community forest.
- Establish a recognized voice for community forestry through association leadership and development activities.

Membership Benefits

- Annual conference and training workshops
- Scholarship opportunities
- Member meeting participation
- Networking
- Communication and information, including access to members-only section of website (*Regular only*)
- Voting privileges (*Regular only*)
- Ability to serve on board of directors (*Regular only*)
- Company name listed on public website (*Affiliate only*)

Complete this form and mail it with your dues payment to:

NDUCFA
PO Box 6006
Bismarck, ND 58506

Questions: Call 701-355-4458
or email office@nducfa.org

Visit Us Online: www.nducfa.org

Thank you for joining NDUCFA!