

**MARYLAND ARBORIST ASSOCIATION, INC.**  
**Membership Application**  
**(or apply online at [www.mdarborist.com](http://www.mdarborist.com))**



PLEASE CHECK MEMBERSHIP CLASSIFICATION APPLYING FOR:

- ACTIVE** (Voting) is confined to individuals, corporations, or partnerships actively engaged in the practice of arboriculture within the State of Maryland who are licensed by MD DNR and who maintain a permanent place of business in Maryland or an adjacent State, Commonwealth or District, and who shall have been in business for one year or more. Each office of a member organization, which is separated by forty miles or more and is operating as a separate district office, shall be qualified for separate Active Membership. Annual Dues are \$100.
- AFFILIATE** (Voting) is confined to employees of Active Members. Annual dues are \$60.
- ALLIED** (Voting) is confined to individuals, corporations, or partnerships actively engaged in commercial pursuits related to or doing business with arborists. Each office of a member organization, which is separated by forty miles or more and is operating as a separate district office, shall be qualified for separate Allied Membership. Annual Dues are \$70.
- ASSOCIATE** (Voting) is confined to individuals whose employment requires that they engage in practices of tree preservation, but who are not engaged primarily in the practice of arboriculture. Annual Dues are \$50.
- STUDENT** (Voting) shall be conferred upon individuals who are actively seeking a college degree in the field of arboriculture or other related professions. Annual Dues are \$15.
- SUSTAINING** (Voting) shall be conferred upon individuals or organizations desiring to further the objectives of the Association by means of financial contributions. Annual Dues are \$120.

Company Name: \_\_\_\_\_

Company Key Contact: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_ MD Tree Expert License Number: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If applicant is not licensed, please give name of licensed tree expert associated with the business: \_\_\_\_\_

Name and address of MAA Member Sponsor to support this application:  
\_\_\_\_\_

**NOTES:**

1. Members are expected to operate within the specifications of the MAA code of ethics and by-laws, found online at [www.mdarborist.com](http://www.mdarborist.com).
2. In compliance with the Revenue Reconciliation Act of 1993, 80% of your MAA dues may be deductible as a business expense. However, 20% may not be deductible as allocable to lobbying activities of this organization.
3. Applications will be researched and approved by the MAA Membership Director.

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Please complete application, and return with appropriate fee to:  
Maryland Arborist Association, Inc. 123 Clay Drive Queenstown MD 21658

Questions? Please refer to the MAA website at [www.mdarborist.com](http://www.mdarborist.com) or call 443-262-8491.