2020 TCIA AFFILIATE MEMBERSHIP APPLICATION

Join Tree Care Industry Association today!

1. MEMBERSHIP CONTACT INFORMATION

Firm Owner: ___________________________ Prefix: Mr. _____ Ms. _____ Mrs. _____
Firm Name: ___________________________
Mailing Address: ___________________________ City: ___________________________
Province: ___________________________ Country: ___________________________ Postal Code: ___________________________
Phone: ___________________________ Fax: ___________________________ Email: ___________________________

Canadian Members Note: Please OPT IN to receive TCIA emails by signing here: ___________________________

Business Start Date: ______ / ______ / ______ # of Employees: ________ Spanish Speaking %: ________
# of Branches: ________ # of Spray Rigs: ________ # of Chippers: ________
# of Lift Trucks: ________ # of Cranes: ________ # of Forestry Body Trucks: ________

Do You Carry General Liability Coverage______ Do You Carry Workers Compensation Coverage______

Primary Business (must add up to 100%):
Residential ______% Commercial ______% Utility ______% Municipal ______%

3. PAYMENT TYPE

Total Amount Due: $249* USD for first time TCIA members only!

Payment Type: ☐ Cheque Enclosed ☐ Visa/MasterCard/AmEx/Discover Expiry Date
Credit Card #: ____________ / ____________ / ____________ / ____________

Signature: ___________________________

If you have any questions, please contact a TCIA member representative at:

(603) 314-5380 membership@tcia.org

TCIA cannot accept payment information by email.

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