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| **International Professional Application**  By Qualification  Professional Membership of the Arboricultural Association is open to arboriculturists who have been working in the industry at a professional level for two consecutive years preceding their application and hold the equivalent to a UK Level 5 or higher qualification in arboriculture or a closely related subject. | | | | | | | | | | | | | |
| **Personal Details:** | | | | | | | | | | | | | |
| Title: | |  | | | Date of Birth: | | | |  | | | | |
| Forenames: | |  | | | Surname: | | | |  | | | | |
| Company Name: | |  | | | Mobile Phone: | | | |  | | | | |
| Work Phone: | |  | | | Home Phone: | | | |  | | | | |
| Email Address: | |  | | | | | | | | | | | |
| **Delivery Address:** | | | | | | | | | | | | | |
| Line 1: | |  | | | Line 2: | | | |  | | | | |
| Line 3: | |  | | | Town: | | | |  | | | | |
| County: | |  | | | Postcode: | | | |  | | | | |
| Country: | |  | | | | | | | | | | | |
| **Billing Address (if different)** | | | | | | | | | | | | | |
| Line 1: | |  | | | Line 2: | | | |  | | | | |
| Line 3: | |  | | | Town: | | | |  | | | | |
| County: | |  | | | Postcode: | | | |  | | | | |
| Country: | |  | | | | | | | | | | | |
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| **How would you best describe your main area of work (select one):** | | | | | | | | | | | | | | |
| Contractor (Arb) |  | Consultant (Arb) | |  | Forestry |  | Landscape | |  | | Horticulture | | |  |
| Education |  | Utility | |  | Retired |  | Student | |  | | Government/  Local Government | | |  |
| If ‘Other’ please specify: | | | | | | | | | | | | | | |
| **International Pricing Zone** | | | | | | | | | | | | **Fee** | | |
| **International Zone 2** | | | | | | | | | | | | **£173.48** | |  |
| **International Zone 3** | | | | | | | | | | | | **£115.66** | |  |
| **International Zone 4** | | | | | | | | | | | | **£57.83** | |  |
| *UK, EU and Zone 1 applicants should use the online membership application process. UK, EU and Zone 1 applications made via this form will be declined.* | | | | | | | | | | | | | | |
| **Optional Extras** | | | | | | | | | | | | | | |
| **Full Utility Membership**  *You will receive UAG meeting minutes and regular safety bulletins, along with invites to various industry consultations and the option to vote for UAG representatives.* | | | | | | | | | | | |  | | |
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| **CPD Requirements** | | | | | | | | | | | | | | |
| As a Professional member you will be committing to complete a minimum of **40** hours of CPD over a three-year period. If this CPD criteria changes at any point you will be notified. Please note that the AA has a policy of randomly sampling our members CPD on an annual basis. | | | | | | | | | | | | | | |
| **Qualification Details** | | | | | | | | | | | | | | |
| Qualification(s) being used to justify Professional Membership: | | |  | | | | | Membership Number  (if upgrading) | | | | |  | |
| Date qualification obtained: | | |  | | | | |

I am applying with a Level 5 or higher qualification in arboriculture or urban forestry and I enclose the following:

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| --- | --- |
|  | A copy of my qualification certificate(s) |
|  | A copy of my CV for the past two years |
|  | Completed application form |
|  | The relevant subscription fee |

**Or**: I am applying with a Level 5 or higher qualification in a related field of study and I enclose the following:

|  |  |
| --- | --- |
|  | A copy of my qualification certificate(s) |
|  | A copy of my CV clearly detailing the aspects of arboriculture for which I am directly responsible |
|  | A copy of my CPD (Continuing Professional Development) record for the last three years demonstrating the full scope of my arboricultural development. |
|  | Completed application form |
|  | The relevant subscription fee |

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| **Data Protection and Privacy Policy** |

We will use the information you have provided to us in order to send you the information and publications to which members are entitled so long as your membership remains current. The information and publications we send you may be accompanied by relevant advertising material. We may contact you to discuss matters pertinent to arboriculture or your membership of the AA. You can opt in or out of specific communication types via your online account.

Our full Data Protection and Privacy policy is viewable via the following link: <https://www.trees.org.uk/Trees.org.uk/media/Trees-org.uk/Documents/Data-Protection-Policy-131017.pdf>

We will not sell, distribute or lease your personal information to third parties unless are required by law to do so.

*You may change your mind at any time emailing us at* [*membership@trees.org.uk*](mailto:membership@trees.org.uk)*, or by writing to Arboricultural Association, The Malthouse, Stroud Green, Standish, Stonehouse, Gloucestershire GL10 3DL*

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| **Declaration** |

I wish to apply for membership of the Arboricultural Association.

1. If accepted I will observe the Rules of the Association as set out in the Memorandum and Articles of Association, its Code of Ethics and Professional Conduct (please see [www.trees.org.uk](http://www.trees.org.uk) )
2. I will do all in my power to further the objectives of the Association
3. I have read the Notes on Promotion and Use of the AA Logo (please see [www.trees.org.uk](http://www.trees.org.uk) ). I will use the Association’s Professional member logo in my advertising or on my stationery only as authorised to do so by the Arboricultural Association
4. I have read the Notes on Data Protection and Privacy Policy, shown above.
5. I will cooperate with the Association should it choose to undertake an investigation into any complaint made against me
6. I understand that if accepted as a Professional Member of the Arboricultural Association I will become entitled to use the post-nominals “MArborA” only after written confirmation from the Association
7. I understand that if my subscription to the Arboricultural Association lapses at any time I will cease to be entitled to use the post-nominals “MArborA” after my name
8. I understand that if subsequent to a membership lapse I re-join the Association, Professional Membership can only be regained by fulfilling the Professional Membership requirements applicable at the time of membership renewal
9. I understand that Continuing Professional Development is an essential requirement for on-going Professional Membership and that failure to engage in CPD and to provide evidence when requested may jeopardise my future entitlement to the grade of Professional Member of the Arboricultural Association. The current requirement is **40 hours** over a three year period.
10. I confirm that the enclosed documentation is correct to the best of my knowledge.

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| Signed: |  | Date: |  |

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| **Choose your Payment Option** | | | |
| Please select one option: |  | **Bank Transfer** – please use the following details: Arboricultural Association,  IBAN: GB19 NWBK 6018 4606 0095 14 BIC: NWBK GB 2L | |
| Payment Date: | Payment Reference: |
|  | **Card Payment via PayPal** – we will send you a link and invoice via email when your application has been processed. | |

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