



MEMBERSHIP FORM

(information will be included in next GUFC Membership Directory)

NAME:	
TITLE:	
BUSINESS/ORGANIZATION:	
ADDRESS:	
CITY/STATE/ZIP:	
E-MAIL:	
WORK PHONE:	FAX:
CELL PHONE:	HOME PHONE:

Please choose your membership category:

- Lifetime \$1000
- City/County/State \$175
- Business \$110
- Tree Board/Non-Profit Org. \$50
- Individual \$30
- Student \$15

Payment – choose one:

Enclosed is my check for \$_____ (GUFC's FEI# is 58-2028386.)

Please charge my: VISA MasterCard (We cannot take AMEX or Discover.)

Card number _____ Exp. Date ___/___

Name as it appears on card _____

Signature _____

Please return this form to:
 Georgia Urban Forest Council
 315 West Ponce de Leon Avenue, Suite 554
 Decatur, GA 30030
 Or you may fax it to GUFC at 404-377-0480. *Thank you!*