



# NEW JERSEY SHADE TREE FEDERATION

Blake Hall, Cook College  
93 Lipman Drive  
New Brunswick, NJ 08901

[www.NJSTF.org](http://www.NJSTF.org)  
[TREES@NJSTF.ORG](mailto:TREES@NJSTF.ORG)

Phone: (732) 246-3210  
Fax: 732-640-5289

## 2025 MEMBERSHIP RENEWAL/ APPLICATION FORM

*Join us in supporting, promoting, and educating about trees and the people who care for them.*

### **MEMBERSHIP CLASSIFICATION:** Please indicate:

- Group (Municipal/County).... \$150**  
Includes up to 5 members. Remember to complete and return your group members roster form (page 2). Additional members may be enrolled at \$25/each. Please indicate Group Type:
- Shade Tree Commission
  - Advisory Committee
  - Government Department
  - Home-Owners Association (HOA)
  - Other: \_\_\_\_\_
- Commercial... \$95**  
Private organizations and individuals engaged in any phase of commercial arboriculture, tree care, NJLTCO/LTEs, nursery management, consulting forestry, or related industry.
- Individual... \$35**  
Educators, Master Gardeners, residents, and all individuals engaged or interested in the practice of urban forestry and arboriculture.
- Students... \$ FREE**  
Students currently enrolled in university academic programs. Please provide a copy of student ID.
- Partner... \$1,300**  
Industry affiliates, utility companies, contractors, suppliers, NGOs. Includes sponsor recognition in our Annual Conference and logo on NJSTF emails and digital newsletter correspondence.

### **MEMBER INFORMATION:** Attention GROUPS: List your main administrative/ financial contact here.

Name/Company/Organization: \_\_\_\_\_

Main contact's name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate your preferred form of correspondence:  Email  Mail  Send copies via both Email & Mail

*\*If you prefer emails, please add our office email [TREES@NJSTF.ORG](mailto:TREES@NJSTF.ORG) to your "safe-sender list."*

Would you like to be listed in NJSTF's member directory?  Yes  No

If yes, please provide your webpage or email address: \_\_\_\_\_



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## GROUP MEMBERSHIP ROSTER FORM

*This Form page is for GROUP membership applications/renewals only. GROUP membership is limited to 5 individuals.  
Additional members may be enrolled at \$25.00 each.*

**GROUP MEMBERS:** Receive informational emails and/or mailings from the Federation including The Shade Tree bi-monthly newsletter, zoom meeting invitations, webinars, educational/ funding/ awards opportunities and Annual Conference information.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_  
*I would like to receive my copy of "The Shade Tree" newsletter by:*       Email (Digital)       Mail (Paper)

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_  
*I would like to receive my copy of "The Shade Tree" newsletter by:*       Email (Digital)       Mail (Paper)

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_  
*I would like to receive my copy of "The Shade Tree" newsletter by:*       Email (Digital)       Mail (Paper)

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_  
*I would like to receive my copy of "The Shade Tree" newsletter by:*       Email (Digital)       Mail (Paper)

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_  
*I would like to receive my copy of "The Shade Tree" newsletter by:*       Email (Digital)       Mail (Paper)