

Massachusetts Arborists Association

REQUEST FOR MCA RETIRED STATUS

NAME	MCA#	DATE//
ADDRESS		
CITY	STATE	_ZIP
PHONE	E-MAIL	
In order to be considered for practicing arboriculture and:	MCA Retired status <u>you must spe</u>	nd less than 10% of your time
I. Be an active MCA for thirty	y (30) or more consecutive years, a	nd/or
2. Be a MAA member in good	d standing for thirty (30) or more o	onsecutive years
I. Why are you applying for retired	d status?	
2. What year did you pass the Mas	sachusetts Certified Arborist ex	am?
3. How many years have you been	a member of the MAA?	
4. Please give us a brief history of y necessary):		ched a separate sheet, if
		(over)

MCA Retired Request page 2.	
5. Please indicate any additional professional designate Pesticide License):	tions/licenses you hold (i.e. ISA, ASCA,
6. Please indicate additional service to the tree care committees, volunteer projects):	industry during your career (i.e. board service,
7. Additional Comments for the Committee's Consideration	deration:
As an applicant for MCA Retired Status, I do hereby attentime practicing the profession of arboriculture and that I have of arboriculture for the foreseeable future.	
If I am approved for MCA Retired Status, I will continue t	o abide by the MAA and MCA Code of Ethics.
Signature	 Date
Print Name	
Your request will be considered by the members of the I committee meets once every other month. A response	

Thank you for your interest and support of the MCA Program. If you have any questions, please contact, Carrie Martin at (508) 653-3320 or CMartin@MassArbor.org.