



# CALIFORNIA ASSOCIATION OF TREE TRIMMERS & LANDSCAPERS

## MEMBERSHIP INFORMATION SHEET

### CONFIDENTIAL:

COMPANY NAME: \_\_\_\_\_  
SPECIALITY: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
OFFICE PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
OTHER PHONE #'S: (\_\_\_\_) \_\_\_\_\_ BEST TIME/CALL: \_\_\_\_\_  AM  PM  
POLICY NUMBER: \_\_\_\_\_  
ESTIMATED ANNUAL PREMIUM (see below): \_\_\_\_\_  
WEB ADDRESS: \_\_\_\_\_  
EMAIL \_\_\_\_\_

### Annual Membership Fee \$100

We are maintaining a survey of members to assist with the development of various benefit programs. Please answer the following questions:

1. Employees F/T # \_\_\_\_\_ P/T# \_\_\_\_\_ Employee Service # \_\_\_\_\_
2. Sub Contractors:  Yes  No
3. Are you interested in learning on how to save payroll costs/reporting through group programs?  
 Yes  No
4. Are you interested to learn how to obtain disability insurance to protect yourself, your family, your business, and your employees?  Yes  No

Members of Group 529 receive a **free** business web site listing with your membership fee.

Do we have your permission to list your business?  YES  NO

Would you like us to provide a link to your web site?  YES  NO

**Brief description of your business.** Please state in 50 words or less. (If you require more space you can add this on the back of this form or attach a separate sheet)

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### Comments:

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Please mail the completed form to:  
CATT PO Box 3556 Fremont, CA 94539-0355