

## membership application form

This form is to be completed by all applicants in any membership category except honorary member. Read the Association Bylaws carefully to determine the appropriate membership category. A completed application will consist of the following:

If elected to the Association, you will receive an invoice for your annual dues (prorated to the fiscal year October 1<sup>st</sup> – September 30<sup>th</sup>). Consult schedule of fees for applicable amounts.

I hereby make application for membership in the Atlantic Provinces Association of Landscape Architects in one of the following categories (please circle one):

Full Member	Associate	Studen	t Life Member	Full Member (under Reciprocity)	
Name (Print name	as you wish it to a	appear on AP	ALA records, certificate	s, etc.)	
Home Address					
City/Town		Province	Postal Code		
Business, Office o	r Agency				
Business Address					
City/Town	Pro	ovince	Postal Code	Phone Number	
Current Position or Appointment			Email Addres	······································	

<b>Education -</b> Universities, Colleges, Technical Schools, Attended Dates and Degree Date						
Proof of Academic qualifications must be enclosed (degree only – no transcript required)						
Other Professional Training in landscape architecture or a related field of expertise:						
Experience - Employer, Title/Nature of Work, Dates						
Declaration of the Applicant (Full Member and Associate Member applicants only)						
I, the undersigned, have carefully read the Bylaws of the Atlantic Provinces Association of Landscape Architects and hereby affirm that my method of practice of the profession of Landscape Architecture is in accordance with the principles contained in the said Bylaws.						
Should I be elected to the Association and subsequently withdraw, resign, relinquish members due to the non-payment of dues, or be expelled from the Association, I hereby undertake to return without delay any certificate of membership, professional stamp or other evidence of membership/associate affiliation in the Association.						
I have included my non-refundable fee of \$50 (Full Member) or \$25 (Associate Member).						
Applicant's Signature Date						

## **Declaration of the Applicant** (Full Member under CSLA Reciprocity)

Applicant's Signature

Should I be elected to the Association and subsequently withdraw, resign, relinquish members due to the non-payment of dues, or be expelled from the Association, I hereby undertake to return without delay any certificate of membership, professional stamp or other evidence of membership/associate affiliation in the Association.

I have included my non-refundable fee of \$50.

Applicant's Signature Date

Declaration of the Applicant (Student Member and Life Member applicants only)

I, the undersigned, have carefully read the Bylaws of the Atlantic Provinces Association of Landscape Architects and hereby affirm that my responsibilities in relation to the profession of Landscape Architecture are in accordance with the principles contained in the said Bylaws.

Date

I, the undersigned, have carefully read the Bylaws of the Atlantic Provinces Association of Landscape Architects and hereby affirm that my method of practice of the profession of Landscape Architecture is in accordance with