

Education

Universities, Colleges, Technical Schools Attended	Dates	Degree Date
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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 (start with most recent)	Title/Nature of Work	Dates
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Other Data (Membership in other Associations, Societies or Institutes)

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*)

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.

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.

Applicant's Signature

Date

Office Use Only

Membership Committee

Date

Endorsements

Recommended:

Application Fee Attached

Deg/Dip Checked

Approved:

Empl.

Notified: