

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:

- 1) This form, with all questions answered and copies of required documentation attached (you may attach additional information; prepared resumes accepted as attachments only);
- 2) Completed endorsement forms (two for Full Member applicants, one for Associate Member applicants. Reciprocity applicants require a reference letter in lieu of an endorsement form);
- 3) Payment of application fee (payable to the Atlantic Provinces Association of Landscape Architects).

If elected to the Association, you will receive an invoice for your annual dues (prorated to the fiscal year October 1st – September 30th). 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** **Student** **Life Member** **Full Member**
(under Reciprocity)

Name (Print name as you wish it to appear on APALA records, certificates, etc.)

Home Address

City/Town Province Postal Code

Business, Office or Agency

Business Address

City/Town Province Postal Code

Current Position or Appointment Email Address

Education

Universities, Colleges, Technical Schools Attended Dates Degree Date

Proof of Academic qualifications must be enclosed

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.

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.

Applicant's Signature

Date

Declaration of the Applicant (*Student 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: