



American Society of Landscape Architects

FREE ASSOCIATE MEMBERSHIP

ACCEPTANCE FORM

Upon graduation, current ASLA Student members are eligible for their first year of Associate membership free. This offer expires six months after graduation. To accept your first free year of Associate membership, simply complete this form and return it to ASLA Membership Services at 636 Eye Street NW, Washington, DC 20001 or fax it to **202-898-1185**.

ASLA MEMBERSHIP ID _____

NAME _____ DOB _____
(FIRST) (LAST)

Business Address

FIRM/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

BUSINESS PHONE _____ FAX _____

E-MAIL _____ WEB SITE _____

Home Address

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____

HOME PHONE _____ FAX _____

E-MAIL _____

For all ASLA mailings, use my business address home address (if no preference is indicated, business address will be used)

Chapter Membership: I wish to be affiliated with the _____ Chapter(s).
One or more required for US membership

Professional Practice Networks

Enhance your membership by participating in one or more of these networks of professionals that are active in a specific practice area. ASLA members receive membership in their first PPN FREE. Each additional PPN membership is \$15.

- | | | |
|--|--|---|
| <input type="checkbox"/> Campus Planning and Design | <input type="checkbox"/> International Practice | <input type="checkbox"/> Rural Landscape |
| <input type="checkbox"/> Children's Outdoor Environments | <input type="checkbox"/> Landscape Architecture and Transportation | <input type="checkbox"/> Sustainable Design and Development |
| <input type="checkbox"/> Computing | <input type="checkbox"/> Landscape/Land Use Planning | <input type="checkbox"/> Urban Design |
| <input type="checkbox"/> Design-Build | <input type="checkbox"/> Parks and Recreation | <input type="checkbox"/> Water Conservation |
| <input type="checkbox"/> Healthcare and Therapeutic Design | <input type="checkbox"/> Reclamation and Restoration | <input type="checkbox"/> Women in Landscape Architecture |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Residential Landscape Architecture | |
| <input type="checkbox"/> Housing and Community Design | | |

Continued on Reverse

NEW! Landscape Architecture Magazine Delivery (select one)

I prefer to receive my subscription to *Landscape Architecture* magazine in: _____ Print Format _____ Digital Format

Member Survey: (Please check all that apply)

Please help us better target our membership benefits and services by completing this survey.

Profession:

- Landscape Architect
- Landscape Designer
- Garden Designer
- Planner
- Architect
- Engineer
- Consultant
- Landscape Contractor
- Builder
- Golf Course Superintendent
- Building and Maintenance Manager

Firm or Employer Type
(check all that apply):

- Landscape Architecture Firm
- Architecture, Engineering or Multi-disciplinary Firm
- Design/Build Firm
- Campus Planning Office
- Other private Sector Organization
- Private Non-Profit
- Federal Government
- State Government
- Local Government
- Supplier/Manufacturer
- Academic Institution
- Student
- Other

Ethnicity (optional):

- African American
- Asian/Pacific Islander
- Caucasian
- Latino(a)
- Native American/Alaskan Native
- Subcontinental Asian
- Other (includes multi-ethnic) _____

Number of landscape architects in company: 1-4 5-9 10-19 20-49 50 plus

Total number of employees in company: 1-4 5-9 10-19 20-49 50 plus

Are you a firm Principal? Yes No

Education:

Undergraduate: _____ Year of Completion: _____

Graduate: _____ Year of Completion: _____

To complete this acceptance form, read the following code and sign:

I hereby agree to abide by the principles contained in the Society's Constitution, Bylaws and Code of Professional Ethics and affirm that the information contained in the acceptance form is true to the best of my knowledge. (Copies of the ASLA Constitution, Bylaws and Code of Professional Ethics can be viewed at www.asla.org.)

SIGNATURE _____ DATE _____

**Fax completed form to 202-898-1185 or mail it to:
ASLA, Attn: Member Services, 636 Eye Street, NW, Washington, DC 20001-3736**

If you have any questions or concerns, contact ASLA Membership Services at 888-999-ASLA (2752) or membership@asla.org