



# American Society of Landscape Architects 2010 MEMBERSHIP APPLICATION

Please review and select the appropriate membership category:

- FULL MEMBER:** Graduate of a landscape architecture program recognized by ASLA or licensed to practice landscape architecture by resident jurisdiction. In addition, three years of professional experience is required. Annual Dues: \$313. A \$50 surcharge is applied to members residing outside the U.S. and its territories.
- ASSOCIATE MEMBER:** Graduate of a landscape architecture program recognized by ASLA or licensed to practice landscape architecture by resident jurisdiction, but possesses less than three years of professional experience. A \$50 surcharge is applied to members residing outside the U.S. and its territories.
  - 1<sup>st</sup> Year Dues \$168     2<sup>nd</sup> Year Dues \$211     3<sup>rd</sup> Year Dues \$265\*
- INTERNATIONAL MEMBER:** Landscape architects (other than US citizens) residing outside the United States and its possessions, Canada, Mexico, and the Islands of the Caribbean. Annual Dues: \$313 plus a \$50 surcharge for a total of \$363.
- AFFILIATE MEMBER:** Anyone interested in landscape architecture who does not qualify for Full, Associate, International, or Student membership. Annual Dues: \$313. A \$50 surcharge is applied to members residing outside the U.S. and its territories.

\*After the third year of practice, Associate Members are automatically upgraded to Full Members and pay commensurate dues.

Have you ever been a member before?     yes     no

Date of Birth \_\_\_\_\_

### Home Address

### Business Address

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRM/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_

COUNTRY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

WORK PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

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).

See accompanying chapter chart. Membership in one or more chapters is required for US membership.

**Member Survey:** (Please check all that apply.) Please help us better target our membership benefits and services by completing this survey.

#### Firm or Employer Type:

- 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

#### Profession:

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

#### 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

Are you CLARB certified?  Yes  No

Number of years of full-time professional experience since obtaining degree: \_\_\_\_\_

Do you have a degree or certificate from a landscape architecture program recognized by ASLA?

Are you licensed to practice landscape architecture?  
 Yes  No

Yes  No

If yes, please list states where you currently are licensed

If yes, indicate school (s) where degree or certificate was granted

\_\_\_\_\_  
\_\_\_\_\_

UNDERGRADUATE \_\_\_\_\_ YEAR OF COMPLETION \_\_\_\_\_

GRADUATE \_\_\_\_\_ YEAR OF COMPLETION \_\_\_\_\_

**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.

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

**NEW! Landscape Architecture Magazine Delivery** (select one)

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

To complete this application 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 this application is true to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I understand that by providing my signature above, I consent to receive communications sent by or on behalf of ASLA and my local ASLA chapter via regular mail, e-mail, telephone or fax.

**Dues Payment:** Your national and local chapter dues must accompany this application. Dues are billed annually and include your subscription to *Landscape Architecture* magazine (\$59 value). Members may not deduct this amount from their dues. A \$50 surcharge is applied to members residing outside the U.S. and its territories.

- \$ \_\_\_\_\_ National Dues
- \$ \_\_\_\_\_ Chapter Dues (See chapter dues rate chart. Membership in one or more chapters is a requirement for U.S. membership.)
- \$ \_\_\_\_\_ Professional Practice Networks (First PPN membership free. Each additional membership \$15.)
- \$ \_\_\_\_\_ ASLA Fund Contribution (Optional. Deductible as a charitable contribution as allowed by law.)
- \$ \_\_\_\_\_ **TOTAL**

- Enclosed is my check, made payable to ASLA. (U.S. funds)
- Please charge my dues to  MasterCard  Discover  Visa  American Express

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
EXP. DATE

\_\_\_\_\_  
NAME LISTED ON CARD

\_\_\_\_\_  
SIGNATURE

Membership is on an individual basis and is not transferable or refundable

**Fax completed form to 202-898-1185 or mail it to:  
ASLA, Attn: Member Services, 636 Eye Street, NW, Washington, DC 20001-3136.**

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