2024 ASLA Membership Application



	New Membership	□ Renewal	□ Re	instate	ID (if known)			Date of Birth	·	
	lembership Type				Contact Information					
Pl	ease review and select the	e appropriate mem	bership	category:						
	Full Member: Graduate of a landscape architecture program				First Name		Last	Name		
	recognized by ASLA or licensed to practice landscape architecture, and possesses at least three years of professional			Home Address:	☐ I want	to make my ho	me address to b	e my primary address		
	experience. Annual Dues: \$425. ^[1]				Address					
	Full Member - Emergin Member requirements following graduation. ^[1]	(see above) and is			City			State	Zip	
	☐ 4th Year Dues \$250	🗖 5th Year Du	ies \$325		Country					
	Associate Member: Graduate of a landscape architecture program recognized by ASLA or licensed to practice landscape architecture, but				Home Phone		Fax			
	possesses fewer than th	E-mail								
	☐ 1st Year Dues \$75 ☐ 3rd Year Dues \$190	🗖 2nd Year D	ues \$110				* * a l. a h.			
	•				Business Address:	□ I wan	t to make my bi	isiness address	my primary address	
	International Member: Individual who has earned a degree in landscape architecture, or is recognized by a government entity to practice landscape architecture, outside North America. Annual				Firm / Organization					
	Dues: \$425.	-			Address					
	Affiliate Member: Anyone supporting the mission of ASLA who does not qualify for Associate, Full, International, or Student membership.				City			State	Zip	
Annual Dues: \$425. ^[1]					Country	(if no prim	ary address prefer	ence is indicated, bu	ısiness address will be used)	
1. 1	A \$65 surcharge is applied to	members residing out	.S. and its territories							
2. Graduation date is determined by the school where landscape architecture degree or certificate was granted prior to the 1st year of professional experience					Work Phone		Fax			
	After the 3rd Year Dues Term graded to Full Members and		utomatically	E-mail						
ир	graded to 1 dit Members dha	pay commensurate a	шез		Website					
C	hapter Membership	0								
	vish to be affi liated with						c	hapter(s).		
Se	e accompanying chapter	chart. Membershi	p in one	or more chapters is re	equired for members	residing			es.	
Li	andscape Architect	ure Magazine	Delive	rv (select one)						
Ιŗ	orefer to receive my subs	cription to Landsca	pe Archi	tecture Magazine in:		Digital Fo		th (+ \$68.00)		
	embership includes a print (-		ers can choose to receive	e both, paper and digita	ıl, for an a	dditional \$68.0	00.		
Р	rofessional Practice	e Networks (Pl	PN)							
	nhance your membership SLA members receive me				=		tive in a spec	ific practice a	irea.	
	Campus Planning and D	esign		Environmental Justi	ce		Residential	Landscape Ar	chitecture	
	Children's Outdoor Envi	=		Healthcare and The	rapeutic Design		Sustainable	Design and D	evelopment	
	Community Design			Historic Preservatio	n		Transportat	tion		
	Design-Build			International Praction	ce		Urban Desig	gn		
	Digital Technology			Landscape/Land Use	e Planning		Water Cons	ervation		
	Ecology and Restoration			Parks and Recreation	n		Women in I	andscape Arc	hitecture	
	Education and Practice			Planting Design						

Member Demographics (check all that apply)

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

Firm or Employer Type: Professio	n:	Eth	Ethnicity (optional):						
	☐ Landscape Architect		American Indian and Alaska Native alone						
☐ Architecture, Engineering or ☐ Lands	cape Designer	1	non-Hispanic						
Multi-Disciplinary Firm	n Designer		Asian alone non-Hispanic						
☐ Design/Build Firm ☐ Plann	er		Black or African American alone non-						
☐ Campus Planning Office ☐ Archi	tect]	Hispanic						
☐ Other Private Sector Organization ☐ Engin	eer		Hispanic or Latino						
☐ Private Non-Profit ☐ Consu	ıltant		Multiracial non-Hispanic						
☐ Federal Government ☐ Lands	scape Contractor		Some Other Race alone non-Hispanic						
☐ State Government ☐ Builde	er	<u> </u>	White alone non-Hispanic						
	Course Superintendent								
☐ Supplier/Manufacturer ☐ Buildi	ng and Maintenance Manager								
☐ Academic Institution									
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	_								
Are you a firm Principal? □ Yes □ No	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
Number of years of full-time professional experience since of	otaining degree:								
Are you licensed to practice landscape architecture? ☐ Yes									
If yes, please list states where you are currently licensed:									
Do you have a degree or certificate from a landscape architect									
If yes, indicate the school where landscape architecture degree or certificate was granted prior to your 1st year of professional experience:									
Year of Graduation: Degree or certificate received Please read the following statement then sign a									
I hereby agree to abide by the principles contained in the Soci	aty's Constitution Bulgays and Code of	'Drofoss	gional Ethics and affirm that the						
information contained in this application is true, correct, and		rioles	sional Eurics and arrivin that the						
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, or telephone									
Dues Payment	Method of Payme	ent							
Dues are billed annually and include your subscription to Lan	dscape 🔲 Enclosed is my che	☐ Enclosed is my check, made payable to ASLA (U.S. funds)							
Architecture Magazine. Please note that 7.22% of national due	es is not tax	☐ Please charge my dues to							
deductible per Federal OBR Act of 1993.									
\$National Dues (Plus \$65 surcharge if residing out		ss 🖵 Di	iscover □ MasterCard □Visa						
\$ National Dues (Plus \$65 surcharge if residing out and its territories.)	Monthly installmer ☐	 Monthly installments (additional form required) 							
\$Chapter Dues (Required for members residing in its territories. View rates asla.org/ChapterDues)	the U.S. and								
	Credit Card Number		Exp. Date						
\$ Professional Practice Networks (First PPN membership \$15.)	Name Listed on Card								
\$ Optional. Add \$68.00 for both Print & Digital LAM s (Membership includes a print or digital subscription)		Signature							
\$Optional. ASLA Fund Contribution (Deductible as									
contribution as allowed by law.)	Send completed form to:	Send completed form to:							
\$TOTAL		ASLA, Attn: Member Services 636 Eye Street NW, Washington, DC 20001 USA							
ASLA Member Services:	Fax: 202-898-1185 or Sc	an/e-ma	il: membership@asla.org						

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

888-999-ASLA | membership@asla.org | asla.org/membership