



American Society of Landscape Architects

MEMBERSHIP APPLICATION

Business Address

NAME _____ DOB _____

FIRM/ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ FAX _____

E-MAIL _____ WEB SITE _____

Home Address

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ FAX _____

E-MAIL _____ WEB SITE _____

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

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: \$280.
- 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. Annual Dues: \$135*.
- 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: \$280.
- AFFILIATE MEMBER:** Anyone interested in landscape architecture who does not qualify for Full, Associate, International, or Student membership. Annual Dues: \$280

Associate Members pay \$135 for the first year of membership and follow a graduated dues structure through the third year of practice. After the third year of practice, Associate Members are automatically upgraded to Full Members and pay commensurate dues.

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 (\$25 for international members).

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

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

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

Are you licensed to practice landscape architecture? Yes No

If yes, please list states where you currently are licensed: _____

Are you CLARB certified? Yes No

Do you have a degree or certificate from a landscape architecture program recognized by ASLA? Yes No

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

UNDERGRADUATE: _____ YEAR OF COMPLETION _____

GRADUATE: _____ YEAR OF COMPLETION _____

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.

\$ _____ National Dues

\$ _____ Chapter Dues (See chapter dues rate chart. Membership in one or more chapters is a requirement for US. membership.)

\$ _____ Professional Practice Networks (First PPN membership free. Each additional membership \$15.)

\$ _____ ASLA Library Education Advocacy 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

Visa

American Express

ACCOUNT NUMBER: _____

EXP. DATE _____

NAME LISTED ON CARD _____

SIGNATURE _____

**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