

2012 ASLA Membership Application

Have you ever been a member before? Yes No ID (if known) _____ Date of Birth _____

Membership Type

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: \$322. 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.
 - 1st Year Dues \$168 2nd Year Dues \$211
 - 3rd Year Dues \$265*
- International Member:** Landscape architects who have earned a degree in landscape architecture, or are recognized by a government entity to practice landscape architecture, outside North America. Annual Dues: \$322 plus a \$50 surcharge for a total of \$372.
- Affiliate Member:** Anyone interested in landscape architecture who does not qualify for Full, Associate, International, or Student membership. Annual Dues: \$322. 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.*

Home Address

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Country _____
 Home Phone _____ Fax _____
 Email _____

Business Address

Firm / Organization _____
 Address _____
 City _____ State _____ Zip _____
 Country _____
 Work Phone _____ Fax _____
 Website _____
 Email _____

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 members residing in the U.S. and its territories.

Landscape Architecture Magazine Delivery (select one)

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

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

For more information visit asla.org/membership

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Member Survey (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
- Hispanic / Latino(a)
- Native American/Alaskan Native
- Middle Eastern
- South 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 Graduation: _____ Graduate Year of Graduation: _____

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, email, 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**

Method of Payment

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

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