

2012 Free Associate Membership Acceptance

ASLA ID _____

Date of Birth _____

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.

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 _____ Email _____

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 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)
- Middle Eastern
- Native American/Alaskan Native
- 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 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 _____

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



AMERICAN SOCIETY OF
LANDSCAPE ARCHITECTS

For more information visit
www.asla.org/membership