



Have you done business with ASLA? Yes No ID (if known) _____ Date of Birth _____

Membership Type

Please review and select the appropriate membership category:

- Associate Member:** Graduate of a landscape architecture program recognized by ASLA or licensed to practice landscape architecture, but possesses less than three years of professional experience.^{[1] [2] [3]}
 - 1st Year Dues \$65 2nd Year Dues \$99
 - 3rd Year Dues \$175
- Full Member:** Graduate of a landscape architecture program recognized by ASLA or licensed to practice landscape architecture, and possesses at least three years of professional experience. Annual Dues: \$370.^[1]
- Full Member - Emerging Professional:** Individual who meets the Full Member requirements (see above) and is in the fourth or fifth year following graduation.^{[1] [2]}
 - 4th Year Dues \$225 5th Year Dues \$299
- 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 Dues: \$370 plus a \$50 surcharge for a total of \$420.
- Affiliate Member:** Anyone supporting the mission of ASLA who does not qualify for Associate, Full, International, or Student membership. Annual Dues: \$370.^[1]

1. A \$50 surcharge is applied to members residing outside the U.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

3. After the 3rd Year Dues Term ends, Associate Members are automatically upgraded to Full Members and pay commensurate dues

Contact Information

First Name _____ Last Name _____

Home Address:

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

Home Address Business 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 Both (additional \$89)

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

- 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
- 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 are currently licensed: _____

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

If yes, indicate the school where 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 and date the application:

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, correct, and accurate 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: Dues are billed annually and include your

subscription to *Landscape Architecture Magazine*. Please note that 7.22% of national dues is not tax deductible per Federal OBR Act of 1993.

\$ _____ National Dues *(Plus \$50 surcharge if residing outside the U.S. and its territories.)*

\$ _____ Chapter Dues *(Required for members residing in the U.S. and its territories. View rates asla.org/ChapterDues)*

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

\$ _____ *Landscape Architecture Magazine Digital + Print Subscription (Optional. Additional \$44.95.)*

\$ _____ 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

Send completed form to:

ASLA, Attn: Member Services
636 Eye Street NW, Washington, DC 20001 USA

Fax: 202-898-1185 or Scan/email: membership@asla.org

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

For more information visit asla.org/membership