

Fellowship Nomination Form

SECONDER TO COMPLETE

Seconder

Seconder Email

Seconder declarations

AILA ID

I am a registered members of the Australian Institute of Landscape Architects and have prepared the citation accompanying this proposal and believe it to be a true and accurate statement. I consider the nominee to be eligible for Fellow Membership.

I have read the Fellowship Nominations Guidelines and have prepared the Nomination according to the Guidelines.

I do not work for the same employer as the seconder to this form.

Please declare your identified employment/personal/ collaborative/financial relationship with the nominee.

Seconder Signature

Date