



# Application form for Leave Status

This is an application form for members of AILA who wish to apply for Leave or Fee Relief from their AILA Membership.

- A Registered Landscape Architect (RLA), Member or graduate member may be granted leave from the full membership for maternity or paternity leave, study leave, periods of no paid employment, financial hardship due to the COVID-19 pandemic or other similar circumstances.
- Leave may be taken for a period of up to 12 months. Please check-in with AILA every six(6) months to confirm your situation has not changed and you are not in a position to continue your financial membership.
- Members will not be required to pay a re-joining fee when re-engaging their membership during or after the period of leave. If a member wishes to continue their leave again after the initial 12 month term, an *Application form for Leave Status* must be re-submitted. The maximum term is 24 months.

There are **two options** for leave from your AILA membership. Please tick one(1) option;

**No fees:** You will not be able to practice as an AILA Registered Landscape Architect during this time. You are essentially on complete leave from AILA membership. You will not receive any communications, member benefits or interaction from AILA within this time, unless you contact us to re-engage.

**Fee relief:** 50% discount on your applicable membership rate, whereby you will retain all entitlements such as RLA status, communications and member benefits. (Also referred to as 50% Leave status.)

## Please fill in as much information as possible

**Member number:** \_\_\_\_\_

**First name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

**Suburb/ Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date you intend to commence leave:** \_\_\_\_\_

**Date you would like to re-engage AILA membership (if known):** \_\_\_\_\_

**AILA membership status (please select):**      Registered      Fellow      MEMBER or Graduate

### **Applicant's statement of reason for application for Leave**

Please provide a short statement to explain why you require leave from full membership. More information may to be required by AILA once your application has been received and assessed.

By signing this form, you are acknowledging that the information you have provided is in accordance with our Code of Conduct and should you wish to work during your full leave period you should contact us to reinstate your membership (50% leave exempted). You also acknowledge that you should keep in contact 6 monthly as to your circumstances and that you will need to reapply for leave in 12 months time. If you have retired, then please see [aila.org.au](http://aila.org.au) and apply for Retired Membership.

**Signature:**

**Date:**

**Please email or post your completed form to:**

Email: [membership@aila.org.au](mailto:membership@aila.org.au)

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