



Australian Institute of
Landscape Architects

MEMBER APPLICATION

APPLICANT DETAILS

Title: _____

Given name: _____

Surname: _____

Postal address: _____

State: _____ **Postcode:** _____

Business phone: _____ **Home phone:** _____

Mobile: _____ **Fax:** _____

Email: _____ **Date of Birth:** _____

Present or previous AILA membership status - Please tick appropriate category

- None** (not previously joined) **Former Student Member** (no membership now)
- Graduate Member** year level: _____

Present Occupation

Employer: _____

Position: _____

If not an Australian citizen, how long have you been a resident in Australia?

Period: **Years:** _____ **Months:** _____

Accredited academic qualifications in Landscape Architecture

University/professional body _____

Name of accredited program _____

Date of graduation _____

Please outline any other academic or professional qualifications:

.....

.....

Professional Experience

Please indicate your number of years/months of professional full-time work experience as a Landscape Architect following the completion of the accredited degree in Landscape Architecture.

In Australia _____ **Years** _____ **Months**

Elsewhere _____ **Years** _____ **Months** **Country:** _____



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Assessment

Each application is treated on a case by case basis depending on the mix of qualifications, experience, as well the level of sponsorship and support from AILA Registered Members.

Body of Evidence

Member applications should be supported with a CV with enough details to provide evidence of studies or practice in Landscape Architecture and/or allied professions.

ENDORSEMENTS: Statements to be signed

Note to Proposer and Seconder

Sponsors should assess the applicant's eligibility. Sponsors may be contacted for further information or to comment on the application.

Proposer's Declaration

I support this application on the basis that I endorse the statements made by the member as part of this application and that I can verify that the applicant is

- Qualified and professionally experienced in accordance with AILA requirements;
- Has a record of sound professional practice;
- Fully aware that, as a Member he/she is to be bound by the AILA Constitution, Code of Conduct and related governance structures.

I accept that the AILA National Board reserves the right to not accept this application.

Name Signature

Contact Phone..... AILA Number.....



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Secunder's Declaration

As an AILA Registered Landscape Architect, I am conversant with all the requirements for AILA Registration and consider the applicant eligible for membership under the AILA Member category.

I endorse this application on the basis that the member has signed the agreement to be bound by the AILA Constitution and related structures as indicated on the previous page.

I accept that the AILA National Board reserves the right to not accept this application.

Name..... Signature

Contact Phone AILA Number

CHECKLIST

Please indicate that you have enclosed these documents with the application:

- Evidence of qualifications
- A detailed Curriculum Vitae (CV) including projects worked on and your involvement therein
- Birth Certificate or Copy of Passport
- Signed declaration from two AILA Registered supporters of the application (within this form)

Signature:

Date:

Name:

FEES

Membership Fee: \$550.00 inc. GST. Payments can be made by cheque or credit card, following approval of this application. Member fees are charged annually at the end of the financial year and are tax deductible.

Complete all details and return completed application form to:

Australian Institute of Landscape Architects

Attn: Tannelle Leathley

Email: membership@aila.org.au

GPO BOX 1646 Canberra ACT 2601

Telephone: 02 6248 9970