



Australian Institute of
Landscape Architects

PREVIOUS MEMBER APPLICATION

Registered Landscape Architect

APPLICANT DETAILS

Title: _____

Given name: _____

Surname: _____

Postal address: _____

State: _____ Postcode: _____

Business phone: _____ Home phone: _____

Mobile: _____

Email: _____

Date of Birth: _____

Previous AILA membership details - Please tick appropriate category

- Former RLA Former Student Member
- Former Graduate Member

Previous join date:
(if known) _____

Date membership ceased:
(if known) _____

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 _____



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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:** _____

STATEMENT

Please tick the following boxes and sign below as agreeing to the following statements:

- All of the information supplied can be verified with evidence if requested.
- I have been undertaking Continuing Professional Development (CPD) and am prepared to provide evidence of this if requested.
- My professional practice has been in accordance with AILA's professional code of conduct. See https://www.aila.org.au/imis_prod/AILAWeb/Governance_Policies.aspx
- I am currently not engaged in nor have been involved in a dispute relating to my professional practice.
- I agree to be bound by the Company Constitution; to observe AILA's Governance procedures; to observe a high and honourable standard of professional conduct; to not conduct myself in a manner which is likely to bring the Institute into disrepute or to lessen the confidence of the public in the Institute or in the profession; to observe the AILA Code of Professional Conduct; and agree to be bound by decisions of the AILA National Board in relation to professional conduct.
- Ref: https://www.aila.org.au/imis_prod/AILAWeb/Governance_Policies.aspx
- I accept that the AILA National Board reserves the right to refuse this application.

If any of the above cannot be ticked – please attach additional information.

CHECKLIST

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

- A current Curriculum Vitae (CV) including projects worked on and your involvement therein
- Completed Application form

Signature:

Date:

Name:

Complete all details, copy and return completed application form to:

Australian Institute of Landscape Architects

Email: membership@aila.org.au

GPO BOX 1646 Canberra ACT 2601

Telephone: 02 6248 9970