



of Landscape Architects

M A L A

APPLICATION FOR INACTIVE MEMBER STATUS

NAME OF APPLICANT:

(MR.) (MRS.) (MISS) (MS.)

.....

Current Mailing Address:..... Postal Code:.....

Telephone: Res:..... Bus:..... Fax:.....

Email Address:.....

Address during Leave:..... Postal Code:.....

PURPOSE OF REQUEST:

Family:

Health:

Education:

Job Relocation:

Other (Specify):

ANTICIPATED DURATION OF LEAVE:

..... One year, beginning (Date):

..... Up to three years, beginning (Date):

..... More than three years, beginning (Date):

..... Unknown period, beginning (Date):

STATEMENT OF APPLICANT:

I hereby make application for Inactive Member status, as identified above. I have read the conditions contained in the Association's POLICY ON INACTIVE MEMBER STATUS and herewith relinquish my professional seal No:..... until I am reinstated to active membership.

Date:..... Signature of Applicant:.....

CHECK LIST (FOR OFFICE USE ONLY)

Re: Application for Inactive Member Status

OF:.....

DATE RECEIVED:..... BY:.....

FORM IN ORDER:..... NOTE:.....

ACTION OF EXAMINING BOARD:

DATE RECEIVED:..... FAVORABLE:..... NOT FAVORABLE:.....

OTHER RECOMMENDATIONS:.....

DATE:..... CHAIR:.....

ACTION OF COUNCIL:

APPROVED:..... NOT APPROVED:.....

DATE:..... PRESIDENT:.....

APPLICANT NOTIFIED IN WRITING:

DATE:..... BY:.....

EFFECTIVE AS OF:..... MEMBERSHIP NO:.....