



M A L A

of Landscape Architects

APPLICATION FOR ADMISSION
as *Friend of the Profession of Landscape Architecture*

NAME OF APPLICANT:

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

.....

Residence Address:..... Postal Code:.....

Business Name:.....

Business Address:..... Postal Code:.....

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

Email Address:..... Website Address:.....

Present Title or Position:.....

STATEMENT OF APPLICANT:

I hereby affirm that the above information is correct, that I am prepared to support the advancement of the profession of landscape architecture, and that I will comply with all aspects of the Association's policy regulating the category *Friend of the Profession of Landscape Architecture*.

DATE:

SIGNATURE OF APPLICANT:

.....

When completed, please submit your application
together with a cheque in the amount of \$175.00 as your first annual contribution to:

Manitoba Association of Landscape Architects
131 Callum Crescent
Winnipeg, Manitoba
R2G 2C7

CHECK LIST (FOR OFFICE USE ONLY)

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

TITLE:..... 1st YEAR CONTRIBUTION PAID: \$.....

FORM IN ORDER:..... ENDORSERS IN ORDER:.....N/A.....

ACTION OF COUNCIL:

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

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

APPLICANT NOTIFIED IN WRITING:

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

EFFECTIVE AS OF:..... ASSIGNED NO:.....