



M A L A

of Landscape Architects

### 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:.....