



of Landscape Architects

**APPLICATION FOR ADMISSION**

\_\_\_\_ AS MEMBER      \_\_\_\_ AS ASSOCIATE

**NAME OF CANDIDATE:**

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

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

Business Name:.....

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

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

Present Title or Position:.....

Mailing address desired:      Res:.....      Bus:.....      Email Address:.....

**SCHOOL TRAINING:**

COLLEGES & TECHNICAL SCHOOLS ATTENDED      DATES OF ATTENDANCE      DEGREE & DATE REC'D

1.....

2.....

3.....

Other opportunities used for professional training in design

1.....

2.....

**EXPERIENCE (LIST ALL EMPLOYMENT STARTING WITH MOST RECENT):**

EMPLOYER      DATES      NATURE OF WORK

1.....

2.....

3.....

4.....

(USE ADDITIONAL PAGE IF NEEDED FOR COMPLETE RECORD)

**MEMBERSHIP IN ANY OTHER LANDSCAPE ARCHITECTS ORGANIZATION (IN THE PAST OR PRESENT):**

NAME OF ORGANIZATION      DATES      OFFICES HELD

1.....

2.....

**STATEMENT OF CANDIDATE:**

I have read the *Code of Conduct* for professional practice of the Manitoba Association of Landscape Architects (copy attached) and hereby affirm that my method of practice of Landscape Architecture is in accordance with the principles contained in these statements.

I further certify that all information given on this application form is true, correct, and complete; and I am aware that upon acceptance to membership, false statements on this application may lead to immediate dismissal.

If I should be elected to the Association and subsequently withdraw, resign, be dropped for non-payment of dues, or be expelled from the Association, I will immediately thereupon return any certificate of membership and seal of the Association issued to me.

DATE:

SIGNATURE OF CANDIDATE:

.....

**CERTIFICATE OF ENDORSEMENT** (to be filled out by the Endorsers):

(Because the endorsements of candidates are potent factors in determining and maintaining the quality of membership of the Association, they should be given only after due thought and with clear recognition of responsibility to the Association. Application to be endorsed by two [full] Members, of whom at least one shall have been a member for not less than three years).

I certify that I personally know the candidate and vouch for his/her character, method of practice, and the quality of his/her attainments to the profession as evidenced by actual works of Landscape Architecture in the design of which he/she has had a major responsibility.

I further certify that the candidate's aim and attainments satisfy the requirements of the Code of Ethics. Therefore, I unhesitatingly endorse and recommend him/her for membership in this Association.

(MEMBER OF 3 YRS DURATION)

Signature: Endorsing Member..... Date:.....

TYPE OR PRINT NAME:.....

Signature: Endorsing Member..... Date:.....

TYPE OR PRINT NAME:.....

**CANDIDATE'S APPLICATION FEE**

This application, when submitted to the MALA office, is to be accompanied by a non-refundable application fee (amounting to \$50.00 when applying for admission as Member and \$25.00 when applying for admission as Associate).

**CHECK LIST (FOR OFFICE USE ONLY)**

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

TITLE:..... APPLICATION FEE RECEIVED IN THE AMOUNT OF \$.....

FORM IN ORDER:..... ENDORSERS IN ORDER:.....

**ACTION OF EXAMINING BOARD:**

FAVORABLE:..... NOT FAVORABLE:.....

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

**ACTION OF COUNCIL:**

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

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

**CANDIDATE NOTIFIED IN WRITING:**

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

APPROVED AS MEMBER:..... APPROVED AS ASSOCIATE:.....

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