

# 2023 ASLA Membership Application



- New Membership**     **Renewal**     **Reinstate**

## Membership Type

Please review and select the appropriate membership category:

- Full Member:** Graduate of a landscape architecture program recognized by ASLA or licensed to practice landscape architecture, and possesses at least three years of professional experience. Annual Dues: \$385.<sup>[1]</sup>
- Full Member - Emerging Professional:** Individual who meets the Full Member requirements (see above) and is in the fourth or fifth year following graduation.<sup>[1] [2]</sup>
  - 4th Year Dues \$225     5th Year Dues \$299
- Associate Member:** Graduate of a landscape architecture program recognized by ASLA or licensed to practice landscape architecture, but possesses fewer than three years of professional experience.<sup>[1] [2] [3]</sup>
  - 1st Year Dues \$65     2nd Year Dues \$99
  - 3rd Year Dues \$175
- International Member:** Individual who has earned a degree in landscape architecture, or is recognized by a government entity to practice landscape architecture, outside North America. Annual Dues: \$385.
- Affiliate Member:** Anyone supporting the mission of ASLA who does not qualify for Associate, Full, International, or Student membership. Annual Dues: \$385.<sup>[1]</sup>

1. A \$50 surcharge is applied to members residing outside the U.S. and its territories
2. Graduation date is determined by the school where landscape architecture degree or certificate was granted prior to the 1st year of professional experience
3. After the 3rd Year Dues Term ends, Associate Members are automatically upgraded to Full Members and pay commensurate dues

## Chapter Membership

I wish to be affiliated with the \_\_\_\_\_ chapter(s).

See accompanying chapter chart. Membership in one or more chapters is required for members residing in the U.S. and its territories.

## Landscape Architecture Magazine Delivery (select one)

I prefer to receive my subscription to Landscape Architecture Magazine in:  Print Format     Digital Format     Both (additional \$44.25)

## Professional Practice Networks (PPN)

Enhance your membership by participating in one or more of these networks of professionals that are active in a specific practice area. ASLA members receive membership in their first PPN **FREE**. Each additional PPN membership is \$15.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Campus Planning and Design      | <input type="checkbox"/> Environmental Justice             | <input type="checkbox"/> Residential Landscape Architecture |
| <input type="checkbox"/> Children's Outdoor Environments | <input type="checkbox"/> Healthcare and Therapeutic Design | <input type="checkbox"/> Sustainable Design and Development |
| <input type="checkbox"/> Community Design                | <input type="checkbox"/> Historic Preservation             | <input type="checkbox"/> Transportation                     |
| <input type="checkbox"/> Design-Build                    | <input type="checkbox"/> International Practice            | <input type="checkbox"/> Urban Design                       |
| <input type="checkbox"/> Digital Technology              | <input type="checkbox"/> Landscape/Land Use Planning       | <input type="checkbox"/> Water Conservation                 |
| <input type="checkbox"/> Ecology and Restoration         | <input type="checkbox"/> Parks and Recreation              | <input type="checkbox"/> Women in Landscape Architecture    |
| <input type="checkbox"/> Education and Practice          | <input type="checkbox"/> Planting Design                   |   |

ID (if known) \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Contact Information

\_\_\_\_\_  
First Name Last Name

**Home Address:**  I want to make my home address to be my primary address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Country

\_\_\_\_\_  
Home Phone Fax

\_\_\_\_\_  
E-mail

**Business Address:**  I want to make my business address my primary address

\_\_\_\_\_  
Firm / Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Country *(if no primary address preference is indicated, business address will be used)*

\_\_\_\_\_  
Work Phone Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Website

## Member Demographics (check all that apply)

Please help us better target our membership benefits and services by completing this survey.

### Firm or Employer Type:

- Landscape Architecture Firm
- Architecture, Engineering or Multi-Disciplinary Firm
- Design/Build Firm
- Campus Planning Office
- Other Private Sector Organization
- Private Non-Profit
- Federal Government
- State Government
- Local Government
- Supplier/Manufacturer
- Academic Institution

### Profession:

- Landscape Architect
- Landscape Designer
- Garden Designer
- Planner
- Architect
- Engineer
- Consultant
- Landscape Contractor
- Builder
- Golf Course Superintendent
- Building and Maintenance Manager

### Ethnicity (optional):

- American Indian and Alaska Native alone non-Hispanic
- Asian alone non-Hispanic
- Black or African American alone non-Hispanic
- Hispanic or Latino
- Multiracial non-Hispanic
- Some Other Race alone non-Hispanic
- White alone non-Hispanic

Number of landscape architects in company:  1-4  5-9  10-19  20-49  50 plus

Total number of employees in company:  1-4  5-9  10-19  20-49  50 plus

Are you a firm Principal?  Yes  No

Number of years of full-time professional experience since obtaining degree: \_\_\_\_\_

Are you licensed to practice landscape architecture?  Yes  No

If yes, please list states where you are currently licensed: \_\_\_\_\_

Do you have a degree or certificate from a landscape architecture program recognized by ASLA?  Yes  No

If yes, indicate the school where landscape architecture degree or certificate was granted prior to your 1st year of professional experience: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree or certificate received: \_\_\_\_\_

## Please read the following statement then sign and date the application:

I hereby agree to abide by the principles contained in the Society's Constitution, Bylaws, and Code of Professional Ethics and affirm that the information contained in this application is true, correct, and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I understand that by providing my signature above, I consent to receive communications sent by or on behalf of ASLA and my local ASLA chapter via regular mail, e-mail, or telephone*

## Dues Payment

Dues are billed annually and include your subscription to Landscape Architecture Magazine. Please note that 7.22% of national dues is not tax deductible per Federal OBR Act of 1993.

\$ \_\_\_\_\_ National Dues (Plus \$50 surcharge if residing outside the U.S. and its territories.)

\$ \_\_\_\_\_ Chapter Dues (Required for members residing in the U.S. and its territories. View rates [asla.org/ChapterDues](http://asla.org/ChapterDues))

\$ \_\_\_\_\_ Professional Practice Networks (First PPN membership free. Each additional membership \$15.)

\$ \_\_\_\_\_ Landscape Architecture Magazine Digital + Print Subscription (Optional. Additional \$44.25.)

\$ \_\_\_\_\_ ASLA Fund Contribution (Optional. Deductible as a charitable contribution as allowed by law.)

\$ \_\_\_\_\_ **TOTAL**

### ASLA Member Services:

888-999-ASLA | [membership@asla.org](mailto:membership@asla.org) | [asla.org/membership](http://asla.org/membership)

## Method of Payment

- Enclosed is my check, made payable to ASLA (U.S. funds)
- Please charge my dues to
  - American Express  Discover  MasterCard  Visa
- Monthly installments (additional form required)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Name Listed on Card

\_\_\_\_\_  
Signature

### Send completed form to:

ASLA, Attn: Member Services  
636 Eye Street NW, Washington, DC 20001 USA

Fax: 202-898-1185 or Scan/e-mail: [membership@asla.org](mailto:membership@asla.org)

**Membership is on an individual basis and is not transferable or refundable**