

2023 ASLA Membership Application



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

ID (if known) _____ Date of Birth _____

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.^[1]
- Full Member - Emerging Professional:** Individual who meets the Full Member requirements (see above) and is in the fourth or fifth year following graduation.^{[1] [2]}
 - 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.^{[1] [2] [3]}
 - 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.^[1]

1. A \$65 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 (+ \$44.25)
Membership includes a print or digital subscription. Members can choose to receive both, paper and digital, for an 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 | |

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 \$65 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)

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

\$_____ Optional. Add \$44.25 for **both** Print & Digital LAM subscription (Membership includes a print or digital subscription)

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

\$_____ **TOTAL**

ASLA Member Services:

888-999-ASLA | membership@asla.org | 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

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