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## **IRISH LANDSCAPE INSTITUTE APPLICATION FORM FOR MEMBERSHIP**

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### **Category of Membership Sought (2009-2011 rates)**

Fee: Full Corporate Member  *€170/annum* Graduate  *€85/annum* Student  *free* Affiliate  *€125/annum* Unwaged  *€50/annum - corporate members only*

### **Personal Details**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email Address \_\_\_\_\_

Current Place of Employment \_\_\_\_\_

Work Address ( if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Details of third level education (If you have obtained your degree outside of Ireland please submit copy of your degree certificate).

<i>Dates</i>	<i>College / University</i>	<i>Course</i>	<i>Qualification</i>

Details of Membership of Professional Bodies (Please give details of professional practice exams undertaken and indicate the year membership was obtained, whether it is still current and the category of membership).


Outline of work experience in Ireland (Please indicate the periods works, the position held and the name of the supervising Landscape Architect, or Manager).


(use rear of this sheet if required)

I agree that the above information is correct and complete and that there is no information relevant to my membership which has been omitted. I agree to be bound by the rules and regulations of the Institute as set down in the memorandum and Articles of Agreement and as decided by the Council from time to time.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Office use only	
Date received	Passed by Council
Signed by President	