



APPLICATION FOR 1st YEAR GRADUATE MEMBERSHIP

NAME IN FULL: (clearly please) First Name: _____ Last Name: _____

I am a current NZILA Student Member: yes _____ No _____

MAIN POSTAL ADDRESS

(for magazine postings etc):

Zip Code: _____

CONSULTANCY LISTING DETAILS: (n/a overseas memb)

Business Name: _____

Business Address: _____

Work Phone/DDI: _____

Facsimile Number: _____

Email Address: **clearly please** _____

PERSONAL DETAILS: (Website members only area)

Home Telephone: _____

Mobile: (list in consultancy yes/no) _____

EDUCATIONAL QUALIFICATIONS:

(Give tertiary institute, universities, etc.
with dates and evidence of qualifications)

YEAR GRADUATED WITH BLA:

OTHER EXPERIENCE:

(related to landscape architecture)

PRESENT OCCUPATION:

The NZILA conducts a mentor scheme whereby each graduate member is assigned to a qualified landscape architect who advises and assists the graduate as much as possible. Please indicate if you would like to be assigned to a mentor and indicate the city/town for which you would require a mentor, e.g. home town.

Yes I would like to be involved in the mentor scheme,
within the _____ area.

DECLARATION

I, the undersigned, wish to become a graduate member of the New Zealand Institute of Landscape Architects.

I declare the particulars furnished in this application to be correct, and I declare that if I am admitted as a member I will abide by the rules of the Institute.

Note: Membership is not deemed to have commenced until payment of subscription is received

SIGNED: _____

DATE: _____

The completed application, together with a copy of degree qualifications and subscription payment should be sent to the Executive Officer at NZILA, P O Box 10-022, The Terrace, Wellington, NZ.