



APPLICATION FOR GRADUATE MEMBERSHIP

NAME IN FULL: (clearly please)

First Name: _____ Last Name: _____

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 attach photocopy of qualifications)

YEAR GRADUATED BLA:

PROFESSIONAL QUALIFICATIONS:

(Give name of institutes or societies with
dates, status and evidence of membership)

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.

tick 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, should be sent to the Secretary at NZILA, P O Box 10-022, The Terrace, Wellington, NZ.

* if you are an overseas graduate:

1. please attach \$112.50 to cover additional administration requirements;
2. attach evidence that your qualification is accredited