

APPLICATION FORM FOR REGISTERED MEMBERSHIP - Established Member

NAME IN FULL:

_____ (BLOCK LETTERS PLEASE)

NZILA MEMBERSHIP NUMBER:

ADDRESS FOR CORRESPONDENCE:

PHONE & MOBILE NUMBER:

EMAIL ADDRESS:

ACADEMIC OR PROFESSIONAL QUALIFICATIONS IN LANDSCAPE ARCHITECTURE:

Abbreviation:

Place obtained:

Date qualified:

PERIOD OF PRACTICAL EXPERIENCE:

Number of weeks experience
in professional landscape architecture
practice in NZ: (NB 1week = 35 hours)

Number of weeks of overseas
experience claimed:

NATURE OF PRACTICAL EXPERIENCE:

Landscape architectural project
examples submitted in application:

CATEGORY OF WORK (please tick box)
Must include examples from at least two
practice areas, maximum total three

- | | | |
|---|---|--------------------------|
| A | Landscape planning & management | <input type="checkbox"/> |
| B | Landscape assessment | <input type="checkbox"/> |
| C | Landscape design | <input type="checkbox"/> |
| D | Contract documentation & administration | <input type="checkbox"/> |
| E | Landscape education & research | <input type="checkbox"/> |

(Application Form for Registered NZILA Membership (1 of 3))

PRESENT EMPLOYMENT:

Employer: _____
Employer's address: _____
Position held: _____
Responsibility: _____

Period in position: _____

APPLICANT DECLARATION:

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

If elected, I agree to be bound by the Constitution, Code of Conduct and Complaints Procedure and rules of the Institute of the time being in force.

I declare the particulars provided in this application to be correct:

Date

Signature

PROPOSER DECLARATION:

I endorse and propose the applicant for Registered NZILA membership and certify that I have personal knowledge of the professional ability and character, methods of practice, and experience of the applicant. To the best of my knowledge the applicant has satisfied the requirements for Registered membership and observes and upholds the NZILA Code of Professional Conduct.

I understand that the Registrar or Chair of the Interview Panel may contact me to discuss the application. By signing this I have indicated a willingness to be referee and that I understand that in certain circumstances, I may be asked by the Chair of the Interview Panel to act as a mentor to the applicant.

I have included with this a 500-word citation stating my endorsement of the applicant.

Date

Name and Signature of Mentor/Proposer
(must have been a Registered Member for
a minimum two years)

(Application Form for Registered NZILA Membership (2 of 3))

SECONDER DECLARATION:

I endorse and second the proposal of the applicant for Registered membership and certify that I have personal knowledge of the applicant and his/her work. To the best of my knowledge the applicant has satisfied the requirements for Registered membership and observes and upholds the NZILA Code of Professional Conduct.

I understand that the Chair of the Interview Panel may contact me to discuss the application. By signing this I have indicated a willingness to be referee.

Date

Name and Signature of Secunder
(must have been a Registered Member for
a minimum of two years)

(Application Form for Registered NZILA Membership (3 of 3))

1. APPLICATION DOCUMENTATION

To be eligible to apply for Registered Membership via Established Member, the NZILA requires applicants to fulfil the following criteria:

- a. be endorsed by two Registered NZILA members;
- b. have worked for a minimum of 450 weeks (at least 90 weeks in New Zealand); and
- c. be a current G10+ NZILA member.

Checklist: (to accompany application form)

- a. Completed application form including Applicant declaration;
- b. Proposer declaration and 500-word citation, and Secunder declaration;
- c. Summary of professional experience - a 3-page resume or CV;
- d. Portfolio of practical work including examples under nominated categories of work;
- e. A CPD Plan and evidence of CPD covering a period of 45 weeks prior to application;

An invoice for the Application Fee of \$499 +GST will be issued on receipt of application.

The completed Enrolment form together with the required documentation and remittance made out to the NZILA should be sent to:

admin@nzila.co.nz

or

The Registrar
NZILA
PO Box 10-022
Wellington 6143