

**YOUR FULL NAME|**

**Member Number |** (*Leave BLANK if un-known)*

**Affiliate Membership**

| **AFFILIATE Membership Application** |
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| **Applicant Information** |
| Full Name: |
| Title (Mr, Miss, Ms, Mrs, Dr/Prof): | Date of Birth: |
| Current home address: |
| City: | County/Country: | Postcode: |
| Home/Work Phone: | Mobile: | E-mail:  |
| **Landscape AREAS OF PRACTICE** |
| Which of the following LI Areas of Practice best describes your interests and knowledge:  |
|[ ]  Landscape Planning |[ ]  Landscape Management |[ ]  Landscape Design |
|[ ]  Urban Design |[ ]  Landscape Science |[ ]  Other (Please state):  |
| **ACADEMIC QUALIFICATION information**  |
| University/College or Other Institution: |
| Full name of course: |
| Full title of qualification/level of attainment: |
| Date awarded: |
| **OTHER aCADEMIC QUALIFICATIONS** |
| University/College or Other Institution:  |
| Full name of course: |
| Full title of qualification/level of attainment:  |
| Date awarded:  |
| **CURRENT Employment Information** |
| Current employer: |
| Job Title:  |
| Start Date:  | End Date:  |
| Main areas of responsibility:  |
| **PREVIOUS EMPLOYMENT INFORMATION** |
| Employer: |
| Job Title:  |
| Dates of Employment:  |
| Main areas of responsibility:  |
| **Please attach your most up-to-date CV HERE (in English)** |

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| **HOW DID YOU FIND OUT ABOUT THE LANDSCAPE INSTitUTE** |
|[ ]  ‘Be a Landscape Architect’ Website |[ ]  ‘Landscape Institute’ Website |
|[ ]  Publications (Including the LI Journal)  |[ ]  Other Media (TV, Paper, Radio, Magazine) |
|[ ]  Employer  |[ ]  University/UCAS Fair |
|[ ]  LI Event/Training Course |[ ]  LI representative/Staff Member |
|[ ]  Word of Mouth (Friend/Relative/Other) |[ ]  Other (Please state) |
| **declarations** |
| **If your application is successful, the details provided in your application, including your name, contact details and qualifications will be recorded on the LI CRM database. All information you provide will be used for processing your annual membership and supplying you with information about the LI and the landscape profession.**  |
| Signature of applicant: | Date: |
| **Your name, membership category, member number, and date of joining the LI, will be published on the Member List ‘Find a Member’ on the LI website. Please sign that you agree to publish these details on the Members List. Additional information may also been shown, with your permission, via the password controlled Members’ Area.**  |
| Signature of applicant: | Date: |
| **I, the undersigned, confirm that the statements made by me on this application are a true account. I further declare that if elected I shall be bound by the LI Charter, the LI By-Laws and the LI Code of Conduct.****I understand that the LI reserves the right to terminate my membership if I fail to pay my membership subscription on time.****I further understand that I may terminate my membership at any time by giving written notice to the LI; if I choose to resign I will be invoiced for any outstanding membership fees relating to that part of the subscription year during which I remained a Member.**  |
| Signature of applicant: | Date: |

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| **MEMBERSHIP SUBSCRIPTION** |
| The LI Membership year runs from the 1st June to 31st May. **Direct Debit is the easiest way to pay and helps your money go further to support the work of the Landscape Institute.****dd**You can choose to pay by 1 or 4 instalments. If your annual subscription fee is more than £100 you may pay by 12 instalments.To set up a Direct Debit, please complete and return the [Direct Debit Mandate form](http://www.landscapeinstitute.org/PDF/Contribute/DirectDebitMandate_003.doc). Direct Debits are collected on, or around, the 10th of the month.  |
| **LI MONITORING** |
| The LI is committed to ensuring that the landscape profession is accessible to all sections of the community. We monitor the profile of our membership to ensure that the LI is compliant with equality and diversity legislation and that we catty out our work in accordance with best practice. Please help us in this work by completing the section below. Your details will be stored on the LI’s secure database and will remain confidential.  |
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| How would you describe your ethic origin:  |
| White  |[ ]  British  | Mixed  |[ ]  White and Black Caribbean  |
|  |[ ]  Irish |  |[ ]  White and Black African |
|  |[ ]  Other |  |[ ]  White and Asian  |
|  |  |  |  |[ ]  Other |
|  |
| Black  |[ ]  Black British | Asian |[ ]  Asian British  |
|  |[ ]  Black Caribbean |  |[ ]  Asian Indian |
|  |[ ]  Black African |  |[ ]  Asian Bangladeshi |
|  |[ ]  Other |  |[ ]  Asian Pakistani |
|  |  |  |  |[ ]  Asian Other |
| Other |[ ]  Arab |  |  |  |
|  |[ ]  Other Ethic Group |  |[ ]  Chinese |
|  |[ ]  Prefer not to say |  |[ ]  Other Asian Ethic Group |
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| Would you describe yourself as having a disability:  |
| Yes |[ ]   | No |[ ]   |
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| Please note that the LI may, from time to time, public reports on the overall profile of the membership. These reports will present data in aggregated form and will not be made available in any way which would enable you to be individually identified.  |