

Licentiate Membership

FOR THOSE WHO HAVE NOT COMPLETED AN
ACCREDITED QUALIFICATION

YOUR FULL NAME |

Member Number |

(Leave BLANK if un-known)

LICENTIATE MEMBERSHIP APPLICATION

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: (BA, BSc, MA):

Date awarded:

Please attach copies of certificates AND details of modules studied.

You must include CERTIFIED TRANSLATIONS for any documents which are not in English.



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)



LICENTIATE MEMBERSHIP APPLICATION

HOW DID YOU FIND OUT ABOUT THE LANDSCAPE INSTITUTE

| | |
|--|---|
| <input type="checkbox"/> 'Be a Landscape Architect' Website | <input type="checkbox"/> 'Landscape Institute' Website |
| <input type="checkbox"/> Publications (Including the LI Journal) | <input type="checkbox"/> Other Media (TV, Paper, Radio, Magazine) |
| <input type="checkbox"/> Employer | <input type="checkbox"/> University/UCAS Fair |
| <input type="checkbox"/> LI Event/Training Course | <input type="checkbox"/> LI representative/Staff Member |
| <input type="checkbox"/> Word of Mouth (Friend/Relative/Other) | <input type="checkbox"/> 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 be 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:

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.

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.



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 carry 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.

How would you describe your ethnic origin:

| | | | | | |
|-------|--------------------------|--------------------|-------|--------------------------|---------------------------|
| White | <input type="checkbox"/> | British | Mixed | <input type="checkbox"/> | White and Black Caribbean |
| | <input type="checkbox"/> | Irish | | <input type="checkbox"/> | White and Black African |
| | <input type="checkbox"/> | Other | | <input type="checkbox"/> | White and Asian |
| | | | | <input type="checkbox"/> | Other |
| Black | <input type="checkbox"/> | Black British | Asian | <input type="checkbox"/> | Asian British |
| | <input type="checkbox"/> | Black Caribbean | | <input type="checkbox"/> | Asian Indian |
| | <input type="checkbox"/> | Black African | | <input type="checkbox"/> | Asian Bangladeshi |
| | <input type="checkbox"/> | Other | | <input type="checkbox"/> | Asian Pakistani |
| | | | | <input type="checkbox"/> | Asian Other |
| Other | <input type="checkbox"/> | Arab | | | |
| | <input type="checkbox"/> | Other Ethnic Group | | <input type="checkbox"/> | Chinese |
| | <input type="checkbox"/> | Prefer not to say | | <input type="checkbox"/> | Other Asian Ethnic Group |

Would you describe yourself as having a disability:

| | | | | | |
|-----|--------------------------|--|----|--------------------------|--|
| Yes | <input type="checkbox"/> | | No | <input type="checkbox"/> | |
|-----|--------------------------|--|----|--------------------------|--|

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.



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form and email to membership@landscapeinstitute.org or by post to the address below.

The Landscape Institute
 Charles Darwin House
 107 Gray's Inn Road
 London
 WC1X 8TZ

Name(s) of Account Holder(s)

| |
|--|
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|--|

Bank/Building Society account number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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Branch Sort Code

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| | | | | | |
|--|--|--|--|--|--|

Name and full postal address of your Bank or Building Society

| | |
|----------------|-----------------------|
| To The Manager | Bank/Building Society |
| Address | |
| Postcode | |

Originator's Identification Number

| | | | | | |
|---|---|---|---|---|---|
| 8 | 5 | 7 | 3 | 5 | 8 |
|---|---|---|---|---|---|

You must complete this in all cases.

Name.....

Membership Number
Please leave BLANK if you are a New Member

Please tick as appropriate:

I would like to pay in **1** instalment

I would like to pay in **4** instalments

Or, if total fee is more than £100:

I would like to pay in **12** instalments

Instruction to your bank or Building Society
 Please pay The Landscape Institute Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Landscape Institute and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account
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This guarantee should be detached and retained by the Payer

| |
|--|
| <p>The Direct Debit Guarantee</p> |
| <p><input type="checkbox"/> This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.</p> <p><input type="checkbox"/> If the amounts to be paid or the payment dates change The Landscape Institute will notify you 10 working days in advance of your account being debited or as otherwise agreed.</p> <p><input type="checkbox"/> If an error is made by The Landscape Institute or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.</p> <p><input type="checkbox"/> You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.</p> |