

**YOUR FULL NAME|**

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

**REINSTATEMENT OF MEMBERSHIP**

**for those who have previously been a member of the LI**

| **Reinstatement 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): | | |
| **current Employment Information** | | | | | | | | | | |
| Current employer: | | | | | | | | | | |
| Job Title: | | | | | | | | | | |
| Start Date: | | | | | End Date: | | | | | |
| Main areas of responsibility: | | | | | | | | | | |
| **CODE OF CONDUCT** | | | | | | | | | | |
| Members of the LI agree to be bound by the LI Charter, LI By-Laws, and the LI Code of Professional Conduct. While individuals are not bound by these documents while outside the Membership, the LI must satisfy itself that those rejoining the Membership are able to meet the high standards expected of a landscape professional.  If you have been the subject of any;   1. Civil or criminal proceedings 2. Complaints or other matters which have been referred to a professional or regulatory body for investigation or adjudication   in the **last ten years** or since you were last a Member (whichever is greater) please declare this and provide details here: | | | | | | | | | | |
|  | I have/have not been subject to civil or criminal proceedings or a complaint or referral to a professional or regulatory body. | | | | | | | | | |
| **Reinstatement is subject to a fee of £25 after three months of lapsed membership.**  Applications for reinstatement apply to any returning member if membership has a lapsed period of between 3 months and up to four years.  Reinstatements following four years of lapsed membership will not be accepted and a new application for membership is required. | | | | | | | | | | |
| **Lapsed period of membership** | | **Requirements**  **(Please select your option below)** | | | | | | | | |
| **0 – 3 Months** | | Complete and return reinstatement form | | | | | | | |  |
| **3 – 12 Months** | | Complete and return reinstatement form  Submit a CV  No CPD requirements but will be subject to monitoring in the following year  Reinstatement fee - £25 | | | | | | | |  |
| **1 year upwards to 4 years** | | Complete and return reinstatement form  Submit a CV  Enclose a statement concerning your CPD, no more than two pages of A4  Reinstatement fee - £25 | | | | | | | |  |
| **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: | | | | |
| **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](https://landscapewpstorage01.blob.core.windows.net/www-landscapeinstitute-org/2019/03/Direct-Debit-Mandate.pdf).  Direct Debits are collected on, or around, the 10th of the month. | | | | | | | | | | |