

Academic Membership

YOUR FULL NAME

Member Number |

(Leave BLANK if un-known)

ACADEMIC 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:				
	LAN	DSCAPE AREAS (OF PRA	CTI	CE		
Which of the following LI Areas o	f Pract	ice best describes you	ur intere	sts a	nd knowledge:		
☐ Landscape Planning		Landscape Management			Landscape Design		
☐ Urban Design		Landscape Science			Other (Please state):		
ACA	DEMI	C QUALIFICATIO	N INF	ORN	MATION		
University/College or Other Instit	ution:						
Full name of course:							
Full title of qualification/level of a	attainn	nent: BA, BSc, DipLA)					
Date awarded:							
Please attach copies of certificat You must include CERTIFIED TRA					re not in English.		
OTHER ACADEMIC QUALIFICATIONS							
University/College or Other Instit	ution:						
Full name of course:							
Full title of qualification/level of attainment:							
Date awarded:							
CU	RREN	IT EMPLOYMENT	INFO	RM	ATION		
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:							

ACADEMIC MEMBERSHIP APPLICATION

Please attach your most up-to-o	date CV HERE (in English)
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YOUR PROFESSIONAL STATUS AS A LANDSCAPE ACADEMIC

Are you an EU National (Yes/No):

What nationality do you currently hold:

Please enclose a photocoy of the identity page of your passport of ID card, showing your full name, date of birth, your photograph and nationality.



Briefly describe your main areas of interest with respect to your research:

Provide details of any research your have undertaken, including papers/publications you have produced or contributed:

OTHER MEMBERSHIP BODIES

Please provide details of any other relevant professional or membership bodies/socities, either in the UK or globally that you are a Member of:

You may include any designations or decorations you hold here.

HOW DID YOU FIND OUT ABOUT THE LANDSCAPE INSTITUTE							
	'Choose Landscape' 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:				

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, 4 of 12 instalments. To set up a Direct Debit, please complete and return the <u>Direct Debit Mandate form</u>. 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.

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				
Would you describe yourself as having a disability:									
Yes			No						
	,			*					

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.