

## **Student Membership**

YOUR FULL NAME

Member Number |

(Leave BLANK if un-known)

STUDENT MEMBERSHIP APPLICATION								
APPLICANT INFORMATION								
Forename:			Suri					
Title (Mr, Miss, Ms, Mrs, Dr):			Date of Birth:			h:		
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	S	☐ Landscape Manageme		ment		Landscape Design		
☐ Urban Design		☐ Landscape Science				Other (Please state):		
CURRENT EDUCATION INFORMATION								
Current University attending:								
Full name of course:								
Full qualification you expect to obtain (e.g. BA, BSc, MA):								
Start Date:			End Date (Expected Graduation year):					
Please attach to this application, proof of study / acceptance letter from your university confirming your student status with them.								
	O	THEF	R ACADEMIC QU	ALIFIC	ATI	ONS		
University/College or Other Institution:								
Full name of course:								
Full title of qualification/level of attainment:								
Date awarded:								
CURRENT EMPLOYMENT INFORMATION								
(IF APPLICABLE)								
Current employer:								
Job Title:								
Start Date: End Date:								

STUDENT MEMBERSHIP APPLICATION							
Main areas of responsibility:							
Please attach your most up-to-date CV 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: CHECKLIST Proof of study / acceptance letter from your university confirming your student status with them Up-to-date CV

## **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.