

Associate Membership

LI ACCREDITED QUALIFICATION

YOUR FULL NAME |

Member Number |

(Leave BLANK if un-known)

ASSOCIATE MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name:

Title (Mr, Miss, Ms, Mrs, Dr):

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:

- | | | | | | |
|--------------------------|--------------------|--------------------------|----------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Landscape Planning | <input type="checkbox"/> | Landscape Management | <input type="checkbox"/> | Landscape Design |
| <input type="checkbox"/> | Urban Design | <input type="checkbox"/> | Landscape Science | <input type="checkbox"/> | Other (Please state): |

LI ACCREDITED QUALIFICATION INFORMATION

University/College or Other Institution:

Full name of course:

Full title of qualification/level of attainment: (e.g. BA, BSc, MA):

Date awarded:

Please attach copies of certificates



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



ASSOCIATE MEMBERSHIP APPLICATION

HOW DID YOU FIND OUT ABOUT THE LANDSCAPE INSTITUTE

<input type="checkbox"/>	'Choose Landscape' 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:

CHECKLIST

- Certificates
- 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 or 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.

