



APPLICATION FORM FOR SUBSCRIBER

MEMBERSHIP FACILITY:

I am wishing to apply to become a Subscriber of the NZ Institute of Landscape Architects Inc.

PURPOSE OF FACILITY:

To provide a means of communicating with and informing members of the public, corporate bodies, institutions, agencies and others both in New Zealand and overseas who are interested in the work of Landscape Architects in New Zealand and who wish to be kept informed.

SUBSCRIBER (Please Tick)

- An Individual from an allied profession
- An Individual having an interest in the profession
- A Company trading in products relevant to members business activities
- A Corporate organization with an Environmental ethic

NAME IN FULL: (Contact Person)

First Name: _____

Last Name: _____

Position at Company: _____

MAIN POSTAL ADDRESS:

_____ Post Code: _____

CONTACT DETAILS:

Business Name: _____

Business Address: _____

Work Phone/DDI: _____

Mobile Number: _____

Email Address: _____

PROFESSIONAL QUALIFICATIONS:

(For individual applications) _____

PRESENT OCCUPATION:

(For individual applications) _____

DECLARATION: I, the undersigned, wish to join the New Zealand Institute of Landscape Architects as a Subscriber. I confirm that the particulars furnished in this application to be correct.

Note: Membership of this Facility is at the discretion of the Executive. If approved, a letter of acceptance will follow together with an Invoice for Annual subscription.

SIGNED: _____

DATE: _____

Please send completed application to the NZILA, P O Box 10-022, The Terrace, Wellington, 6143 or email to: admin@nzila.co.nz