



Ontario
Association of
Landscape
Architects

Membership Application Package

**For Full Membership
Options 1, 3 and 4**



(Adopted by Council 12 June 2006)

Application Procedures

1. Applicants should carefully read all material provided with this application.
2. Please determine your correct category of membership and complete the relevant portion of the application. Incomplete applications will delay processing and membership.
3. Provide your endorsers and professional advisor with the correct forms for their confidential recommendation. It is the endorsers' responsibility to forward their endorsements to the chair of the Examining Board.
4. Submit your completed application form, required documentation, professional advisor's signed consent form and non-refundable application fee to:

**Ontario Association of Landscape Architects
3 Church Street, Suite 407
Toronto, ON M5E 1M2
Attention: Examining Board Chair**

5. The Examining Board will act on applications for membership at their first regular meeting following receipt of the complete application. Incomplete applications will not be considered. Candidates who are accepted for membership will be notified in writing by the Association upon approval of the Examining Board's recommendations by Council.
6. Applicants who are required to attend an interview will be notified by the Association as to date, time, place, and requirements.
7. Required Documentation:
 - Academic record transcript (original or certified copy)
 - Academic degree, certificate or diploma (copy)



APPLICATION FOR FULL MEMBERSHIP

A. MEMBERSHIP CANDIDACY OPTION

Check all relevant items for the candidacy option under which you are applying:

Candidacy Option: #1 _____ #3 _____ #4 _____

OPTION #1: BACHELOR OR MASTER DEGREE IN LANDSCAPE ARCHITECTURE

- Bachelor of Landscape Architecture degree _____
- completed assigned PDP _____
- passed a minimum of three sections of the LARE _____
- completed the independent study course in Ontario on
Ontario legislation and professional practice _____

OR

- Master of Landscape Architecture degree _____
- completed assigned PDP _____
- passed a minimum of three sections of the LARE _____
- completed the independent study course in Ontario on
Ontario legislation and professional practice _____

OPTION #3: CANDIDATES WITH OTHER QUALIFICATIONS

- a) Three Year Diploma in Landscape Architectural
Technology from Ryerson Polytechnic University (1972 – 2000)
OR Bachelor of Architectural Science – Landscape
Architecture Option from Ryerson Polytechnic
University (2000 – 2003) _____
- completed assigned PDP _____
- passed a minimum of three sections of the LARE _____
- completed the independent study course in Ontario on
Ontario legislation and professional practice _____
- b) Extensive relevant professional experience _____
- c) Other education _____

OPTION #4: CANDIDATES WITH OTHER QUALIFICATIONS

- Candidates with equivalent membership in an equivalent
organization who are CLARB certified _____

B. APPLICANT INFORMATION

Name: _____
Residence Address: _____
City: _____ Province/State: _____ Postal Code: _____
Residence Telephone: _____
Name of Employer /Business: _____
Address: _____
City: _____ Province/State: _____ Postal Code: _____
Business Telephone: _____ Fax: _____ E-mail: _____

Name of the professional organizations you currently belong to:

1. _____	3. _____
2. _____	4. _____

C. EDUCATION

	<u>Institution</u>	<u>Degree/Diploma</u>	<u>Date Received</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

D. EXPERIENCE (for applicants under Option # 2 & Option 3 b)

List all employment after graduation starting with the most recent; use additional pages if required

	<u>Dates</u>	<u>Employer of Supervising LA</u>	<u>Nature of work</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

E. EQUIVALENT MEMBERSHIP

1. Professional certification or licensing bodies of which you are or have been a member:

Organization Name

Membership dates

- 1. _____
- 2. _____
- 3. _____

2. Do you have a Council Record with CLARB? Yes _____ No _____

F. EXPERIENCE RECORD (for applicants under Option #1 & Options #3a)

- 1. Length of assigned professional development period (PDP) _____ years
- 2. Starting date of professional development period: _____
- 3. Date of first experience progress report: from: _____ to: _____
- 4. Date of last experience progress report: from: _____ to: _____

G. CURRENT STATUS WITH OALA

I am currently an Associate of OALA: Yes _____ No _____

Were you granted a reduction in your assigned PDP?

If yes, what was the reduced assigned period? _____

H. ENDORSERS

- Names of endorsers:
- 1. _____
 - 2. _____



APPLICATION AND REGISTRATION FEES

Please use the following information to calculate the required application and registration fees. These fees are non-refundable.

1. Application fees (to be enclosed)

a) Full Member	\$90.	_____
b) Associate Member	\$35.	_____
c) Affiliate Member	\$20.	_____

2. Registration fee for Professional Development Program (to be enclosed)	\$35.	_____
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TOTAL amount due with application: _____

3. Examination Fees

The Landscape Architect Registration Examination (LARE) is priced by section and varies according to US exchange rates and OALA’s purchasing costs. Associate Members will receive registration and cost information prior to each June and December administration of the LARE.

MEMBERSHIP DUES

Invoices for annual membership dues will be forwarded after approval of an application by Council and are payable within 60 days of date of invoice. Membership dues for the calendar year during which the application is approved will be prorated based on the date of notification of approval.

Full Member	\$450. (2012)
Full Member on Leave of Absence	\$120. (2012)
Associate Member	\$132. (2012)
Affiliate Member	\$120. (2012)



APPLICATION FOR MEMBERSHIP

ENDORSEMENTS

To be eligible to endorse an applicant, a person must be full member of the OALA. The endorser must have personal knowledge of the applicant and their recent work experience. If possible, applicants for full membership should have an endorsement from their employer. Where more than one endorser is required, they must not be from the same office or institution.

Applicants should refer to the section on membership options for information regarding the number of endorsements required. Two forms have been included for applicants applying for full member or special option status.

I endorse and sponsor _____
(name of applicant)

as a candidate for _____ membership
(category of membership)

and certify that I have personal knowledge of the professional ability and character, methods of practice, and experience of the applicant. The candidate has satisfied the requirements for membership in this category, and to the best of my personal knowledge, the applicant observes and upholds the Association's code of professional ethics.

Endorser's signature

Name printed

Date



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Endorser's signature

Name printed

Date



**APPLICATION FOR OALA MEMBERSHIP CERTIFICATE
AND PROFESSIONAL SEAL**

I hereby apply for enrollment as a full member of the Ontario Association of Landscape Architects and for a certificate of membership and professional seal describing me as follows:

(Please print your name as you wish it to appear on the certificate)

(Please print your name as you wish it to appear on the seal)

My home address is (please print):

My business address and employer are:

Telephone: _____
Fax: _____
E-mail: _____

I wish correspondence to be addressed to: My home address
 My business address

I undertake to forthwith provide you with any change in either my home or business address.

I acknowledge that the certificate of membership and professional seal, will remain the Association's property and I agree to return them forthwith upon demand and without demand should my membership be terminated or suspended.

I undertake to employ the certificate and seal only in accordance with the rules and regulations of the Association and for no improper purpose.

SIGNATURE OF APPLICANT: _____

DATE: _____

Please return this form along with your payment of dues and other applicable fees.



INDEPENDENT COURSE OF STUDY
ON
ONTARIO LEGISLATION AND PROFESSIONAL PRACTICE

I hereby certify that I have completed the requirements for the Independent Course of Study on Ontario Legislation & Profession Practice.

Associate's signature

I hereby certify that I have met with _____
on _____ occasions during the Professional Development Program and that this associate has completed the independent course of study on professional practice and legislation in Ontario.

Professional Advisor's Signature

Date