



Ontario Association of Landscape Architects
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A component organization of the Canadian Society of Landscape Architects

Affiliate Application

A. Applicant Information

Name: _____

Residence Address: _____

City: _____ Province/State: _____ Postal Code: _____

Residence Telephone: _____

Address: _____

Name of Employer/Business: _____

Address: _____

City: _____ Province/State : _____ Postal Code: _____

Bus Phone: _____ Fax: _____ Email: _____

Name of the organizations you currently belong to:

1. _____ 2. _____

B. Education

Institution	Degree/Diploma	Date Received
1. _____	_____	_____
2. _____	_____	_____

C. Occupation

Describe your occupation: _____

Have you previously been affiliated with OALA? Yes _____ No _____

If yes, state membership category and dates: _____

D. Endorser

Name of OALA Full Member who endorses your application: _____

Affiliate application fee of \$20.00 is attached: _____

\$115.50 annual dues will be invoiced later.

APPLICATION FOR MEMBERSHIP

ENDORSEMENTS

To be eligible to endorse an applicant, a person must be a full member. The endorser must have personal knowledge of the applicant.

Applicants should refer to the section on membership options for information regarding the number of endorsements required.

I endorse and sponsor _____
(name of applicant)

as a candidate for **Affiliate** 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