



Secretariat:  
P O Box 868  
Ferndale  
2160

Tel: 011 789 1384  
Fax: 011 789 2116  
Email: [ilasa@vdw.co.za](mailto:ilasa@vdw.co.za)  
Website: [www.ilasa.co.za](http://www.ilasa.co.za)

## MEMBERSHIP APPLICATION FORM

Please complete and forward to the above address.

### Office use only

Date received: \_\_\_\_\_  
Date of acceptance letter: \_\_\_\_\_

### Personal Details

Title: \_\_\_\_\_  
Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_  
Qualifications: \_\_\_\_\_  
\_\_\_\_\_

Date and Place of obtaining degree in Landscape Architecture:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Registration with SACLAP: Yes / No

Date: \_\_\_\_\_ SACLAP Registration No: \_\_\_\_\_

### Contact details

Physical Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Tel Home: (     ) \_\_\_\_\_ Fax Home: (     ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Company / Place of Work**

Name of company: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Tel Bus: (     ) \_\_\_\_\_ Fax Bus: (     ) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

---

**Please indicate your membership type**

Professional  Graduate  Associate

I undertake

- To advance the profession of landscape architecture and promote the creative planning and design of sustainable environments; and
- To respect the constitution and rules of the Institute of Landscape Architects of SA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

---

*Proponent:* \_\_\_\_\_ (full name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Seconder:* \_\_\_\_\_ (full name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Costs for all Membership Types:**

R500.00 per annum

**Please deposit this amount into the following account:**

Nedbank Branch No 194405; Account No 1913270122 **and fax or email the confirmation to +27 11 789 2116 or [ilasa@vdw.co.za](mailto:ilasa@vdw.co.za)**