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STUDENT MEMBERSHIP APPLICATION FORM

Please complete and forward to the above address.

Office use only

Date received: _____

Date of acceptance letter: _____

Student Number: _____

Personal Details

Title: _____

Surname: _____

First Name: _____

ID Number: _____

Qualifications: _____

Current Course and year being studied and Institution of study:

Course and Year: _____

Institution: _____

Contact details

Physical Address: _____

_____ Postal Code _____

Postal address: _____

_____ Postal Code _____

Tel Home: () _____ Fax Home: () _____

Cell: _____ Email: _____



Company / Place of Work (if applicable)

Name of company: _____

Physical Address: _____

_____ Postal Code _____

Postal Address: _____

_____ Postal Code _____

Tel: () _____ Fax: () _____

Cell: _____ Email: _____

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: _____

Cost:

No charge for Student Membership
