



ILASA

Institute for Landscape
Architecture in South Africa

Secretariats: VdW&Co
P O Box 868
Ferndale
2160

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Fax: 086 688 7005
Email: ilasa@ilasa.co.za
Website: www.ilasa.co.za

CORPORATE SPONSOR APPLICATION FORM August 2017 – July 2018

Company (Corporate Sponsor) Details

Name of Company: _____

VAT Number (if applicable): _____

Physical Address: _____

_____ Postal Code _____

Postal Address: _____

_____ Postal Code _____

Telephone: () _____ Fax: () _____

Email Address: _____

1st Individual Member's Details

Title (Mr, Ms, etc.): _____ Surname: _____

First Name: _____

Postal Address: _____

_____ Postal Code _____

Telephone: () _____ Cell: _____

Email: _____

Registration with SACLAP: YES / NO

Date: _____ SACLAP Registration No: _____

**** Please add additional individuals on a separate page with the above contact information ****

Sponsorship Type	Number of Individual Members	Fee Aug 2017 – July 2018	Choose ONE
LA Consulting Company (large)	- Individual membership for 8 employees	R 18,195.00	
LA Consulting Company (medium)	- Individual membership for 6 employees	R 14,335.00	
LA Consulting Company (small)	- Individual membership for 4 employees	R 9,925.00	
LA Consulting Company (micro)	- Individual membership for 2 employees	R 4,410.00	
LA Consulting Company (start-up)	- Individual membership for 1 employee	R 1,930.00	
Service Provider (Large)	- Individual membership for 8 employees	R 23,705.00	
Service Provider (medium)	- Individual membership for 6 employees	R 19,845.00	
Service Provider (small)	- Individual membership for 4 employees,	R 13,890.00	
Large Institution	- Individual membership for 8 employees,	R 16,775.00	
Medium Institution	- Individual membership for 6 employees,	R 14,260.00	
Small Institution	- Individual membership for 4 employees,	R 11,185.00	

We 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 for Landscape Architecture in South Africa.

Signature: _____

Date: _____ Place: _____

FOR OFFICE USE

Proponent: _____ (Full Names)

Signature: _____ Date: _____

Secunder: _____ (Full Names)

Signature: _____ Date: _____

Kindly send this completed form to ilasa@ilasa.co.za.

An invoice for the membership fees will be sent to you upon receipt of this completed form.

ILASA's Banking Details:

ABSA Bank Limited

Branch No: 632005; Account No: 929 500 2636