

**APPLICATION FORM**  
(Revised May 2017)

**Category of Membership:** (Refer to SALA **Membership Categories** Document):

REGISTERED MEMBER:     Full Member     Full Member (Out-of-Province)

AFFILIATE MEMBER:     Associate     Student     Allied

**Name of Applicant:** (Print exactly as name would appear on Certificate)

\_\_\_\_\_

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Home Address:**     (Send mail to this address)

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

City, Province, Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Business Address:**     (Send mail to this address)

Name of Business: \_\_\_\_\_

\_\_\_\_\_

Position / Title: \_\_\_\_\_

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

City, Province, Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Education:** (Use additional paper if necessary)

	Universities / Technical Schools	Dates	Degrees
a.	_____	_____	_____
	_____	_____	_____
b.	_____	_____	_____
	_____	_____	_____
c.	_____	_____	_____
	_____	_____	_____

**Other Applicable Education / Training Experience:** (Use additional paper if necessary)

	School / Location / Description of Course	Dates	Certificates / Papers
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

**Employment Experience:** (Starting with most recent - Use additional paper if necessary)

	Dates (from/to)	Name of Employer	Supervising Landscape Architect
a.	_____	_____	_____
	Nature of work:	_____	
b.	_____	_____	_____
	Nature of work:	_____	
c.	_____	_____	_____
	Nature of work:	_____	
d.	_____	_____	_____
	Nature of work:	_____	

REVIEW SALA **APPLICATION REQUIREMENTS AND MEMBERSHIP CATEGORIES** DOCUMENTS IN CONJUNCTION WITH THIS APPLICATION.

## CODE OF ETHICS

(Full Member, Full (Out-of-Province) Member and Associate Member Applicants)

- I. The Landscape Architect shall exert every effort towards the preservation of our natural resources and towards understanding the interaction of man's economic and social systems with those resources.
- II. The Landscape Architect has a social and environmental responsibility to reconcile man's needs and the natural environment with minimal disruption to the natural systems.
- III. The Landscape Architect furthers the welfare and advancement of his profession by constantly striving to provide the highest level of professional services.
- IV. The Landscape Architect shall serve his client or employer with integrity, understanding, knowledge, and creative ability and shall respond morally and ethically to social, political, economic and technological influences.
- V. The Landscape Architect shall avoid even the appearance of improper professional conduct.

I hereby affirm that my practice of the profession of Landscape Architecture is in accordance with the principles contained in these statements. Should I be elected to the Saskatchewan Association of Landscape Architects and subsequently withdraw, resign, relinquish membership due to non-payment of dues, or be expelled from the Association, I hereby undertake to return, without delay, any certificate of membership, professional stamp, or other evidence of membership/associate affiliation in said Association.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DECLARATION OF MEMBERSHIP IN ANOTHER ASSOCIATION OF LANDSCAPE ARCHITECTS

(Full (Out-of-Province) Member and Associate Member Applicants)

I am currently a  MEMBER  ASSOCIATE in good standing of the following recognized

Association(s) of Landscape Architects: \_\_\_\_\_  
\_\_\_\_\_

My CSLA/AAPC dues are currently levied through the: \_\_\_\_\_ Association of Landscape Architects.

If my application for MEMBER in the Saskatchewan Association of Landscape Architects is successful, I desire my CSLA/AAPC dues to be levied through the: \_\_\_\_\_ Association of Landscape Architects.

I do , do not  authorize the SALA Council through its Examining Board to request any file(s) that might be kept on me by any or all of the above provincial associations.

**Note:** Please initial to indicate your choice above.

### FORWARD THIS APPLICATION DIRECTLY TO:

#### **SALA ADMINISTRATOR**

Kari MacKinnon, Administrator  
PO Box 20015  
Cornwall Centre  
Regina SK S4P 4J7  
Email: [admin@SALA.sk.ca](mailto:admin@SALA.sk.ca)