



BRITISH COLUMBIA SOCIETY
OF LANDSCAPE ARCHITECTS

BCSLA Advisory Design Panel Application

Date: _____

Name: _____

Home Address: _____

Postal Code: _____

Office Address: _____
Company Name: _____

Postal Code: _____

Telephone: _____ Fax: _____

Position In Firm: _____

BCSLA Status: _____ Date of Registration: _____

Professional Work Experience: (Include Past Design Panel Positions)

Professional and Community Affiliations: (Include Past Design Panel Positions)

Are You Currently Serving on a Design Panel:

Yes No

Where: _____

Date Term Expires: _____

Order of Preference For Location of Design Position:

1. _____
2. _____
3. _____

If you are interested in serving on an Advisory Design Panel please *complete the above form, attach a copy of a current resume and return to the BCSLA office.* As Design Panel appointments become available the BCSLA will forward names of members in good standing to fill vacant positions. All Design Panel appointments must be assigned through the BCSLA and its Design Panel Committee to ensure that an equal opportunity is afforded all members. **DO NOT APPLY DIRECTLY TO THE CITYOR MUNICIPALITY.**

B . C . S . L . A .

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