

BCSLA STUDENT APPLICATION

NOTE: The information below applies to British Columbia only. Entry standards vary from one jurisdiction to another.

BCSLA Student: As defined by BCSLA Bylaws, a Student is an Associate of the BCSLA. An individual who is registered in an accredited post-secondary school Landscape Architecture program of study, may apply for recognition as an Associate of the Society, and upon acceptance by the Board and payment of all fees when due, the individual is entitled to use the designation “**BCSLA Student**”. A complete copy of our Bylaws is available at www.bcsla.org.

NAME: _____

ADDRESS: _____

CITY: _____ **PROV:** _____ **POSTAL CODE:** _____

TEL: _____ **E-MAIL:** _____

PREVIOUS DEGREES: _____

INSTITUTION & PROGRAM CURRENTLY ENROLLED IN: _____

EXPECTED GRADUATION YEAR: _____

WORK OR VOLUNTEER EXPERIENCE RELATED TO LANDSCAPE ARCHITECTURE:

(List all experience beginning with the most recent; please use additional pages if required.)

Company:

Responsibilities:

Dates:

(Please attach a current resume in chronological order starting with your most recent employer.)

As a BCSLA Student, you will receive copies of our bi-annual newsletter, *Sitelines*, a listing in our Annual Membership & Firm Roster, discount prices for BCSLA events, special invitations, a subscription to our “Friday File” broadcast newsletter, and more. Annual dues will be pro-rated upon acceptance of your application. Please visit www.bcsla.org for fee schedule.

To safeguard and protect your personal information, the BCSLA will only use this information for the purpose(s) specified. It will not be re-used or distributed in any form other than for its specified purpose in compliance with [BCSLA Privacy Protection Policy](#), [PIPEDA](#), [PIPA](#), [EU-GDPR](#) and [Federal ANTI-Spam Legislation](#).

Your application will be processed upon receipt of your signature on the application form. **Your name that you have provided above will be used to update the BCSLA websites and in other publications upon acceptance of the application. If you do not wish to be listed please contact our offices.**

I have read and understand the BCSLA Ten Principles of Privacy Protection Policy. I wish to apply as a BCSLA Student.

Signature of Applicant

Date: mm/dd/yyyy