

**ATLANTIC ASSOCIATION OF LANDSCAPE DESIGNERS-AALD
ASSOCIATION DES SPECIALISTES AMENAGEMENT PAYSAGER ATLANTIQUE**

MEMBERSHIP APPLICATION FORM

A. CONTACT INFORMATION (Please print)

Name: _____

Position/Title: _____

Company/Institution Name: _____

Business Address: _____

Postal Code: _____

Telephone: () _____ Cellular: () _____

Fax: () _____ Email: _____

B. MEMBERSHIP CLASSES AND INFORMATION (Check one of the following)

_____ **General Member:** an individual employed in landscape design, construction, maintenance or management; a landscape architect or those involved in related horticultural fields. **Annual Fee \$50.00**

_____ **Corporate Member:** an industry/ company providing landscape or horticultural goods and services. **Annual Fee: \$150.00**

_____ **Student Member:** an individual pursuing studies in a horticultural field. **Annual Fee: \$15.00**

_____ **Affiliate Member:** a provincial, national, or educational organization/ association: Such as municipal or educational institute or horticultural society. **No Fee**

Indicate if you are a: ___ new Member ___ Renewing member

NOTE: Please ensure that you include payment for the membership fee with the completed application form.

C. DIRECTORY PROFILE

For the purpose of the AALD Directory, indicate your area(s) of primary focus/expertise:

___ Landscape Design ___ Landscape Construction
___ Landscape Maintenance ___ Other _____

D. HORTICULTURAL/ EDUCATIONAL BACKGROUND

Please list below any educational courses or programs relative to the horticultural industry that you have taken:

References: name _____ contact number _____

name _____ contact number _____
(one contact should be an AALD member)

Describe below any areas of landscape/ horticultural specialization and work related experiences.

If you wish to take advantage of the member profile on the AALD website (www.aald.ca) send a small paragraph describing yourself and what you do along with a photo of yourself and any design pictures to Duncan Kelbaugh (email: info@aald.ca).

E. MAILING ADDRESS AND APPLICANT'S SIGNATURE

Please mail your completed application form and fee to:

Wendy Coolen, AALD Treasurer
P.O. Box 19, Port Mouton, N.S. B0T 1T0

Contact Information:
Phone: (902)683-2062
Email: wendy@whitepoint.com
Website: www.aald.ca

I agree to abide by the Constitution and Code of Ethics of the Association:

Signature_____

Date_____

PAYMENT ENCLOSED: _____