



No: 574/2/V/1 (First Floor),  
Muththetugoda Road,  
Thalangama North,  
Battaramulla, Sri Lanka  
Email: slilaseretariat@gmail.com  
Web: www.slila.lk

## SRI LANKA INSTITUTE OF LANDSCAPE ARCHITECTS

### APPLICATION FOR MEMBERSHIP

Application No.: .....

Please refer to Appendix B2 of the Rules before filling the application form.

See Instructions at end of this form.

- ☐ **FELLOW**
- ☐ **MEMBER**
- ☐ **ASSOCIATE**
- ☐ **LANDSCAPE DESIGN DIPLOMA HOLDER**
- ☐ **STUDENT**
- ☐ **SUBSCRIBER**
- ☐ **SUPPORTER**

(Passport size  
photograph  
should be  
affixed here)

1. NAME IN FULL: .....

.....  
[IN BLOCK CAPITALS PLEASE. UNDERLINE SURNAME]

PREVIOUS NAMES (IF ANY): .....

.....

2. ADDRESS FOR CORRESPONDENCE:

.....

.....

Tel. No. .... [ . Res. ] ..... [Office]

Mobile Telephone No. .... Fax No. ....

Email Address: ..... ..

**3. Date of Birth .....**

**Nationality .....**

**National Identity Card / Passport No. ....**

**4. ACADEMIC OR PROFESSIONAL QUALIFICATIONS IN LANDSCAPE ARCHITECTURE:**

Abbreviation: .....

Place obtained: .....

Date qualified: .....

**5. PERIOD AND NATURE OF RELEVANT EXPERIENCE:**

.....  
Application for SLILA Membership  
.....  
.....

**6. PRESENT EMPLOYMENT:**

Employer: .....

Employer's address: .....

Position held: .....

Responsibility: .....

.....

.....

Period in position: .....

**7. PREVIOUS EMPLOYMENT:** Applicants should submit an attached outline (set out as for "Present Employment"):

**8. MEMBERSHIP OF OTHER PROFESSIONAL INSTITUTIONS:**

.....  
.....  
.....

**APPLICANT’S DECLARATION**

I, the undersigned, wish to become a Fellow / Member / Associate / Student Member /Subscriber / Supporter (cross out inapplicable categories) of the Sri Lanka Institute of Landscape Architects.  
If elected, I agree to be bound by the Constitution and Rules of the Institute for the time being in force.  
I declare the particulars furnished in this application to be correct.

.....  
Signature of Applicant  
Date

**DECLARATION BY PROPOSER**

I endorse and propose the applicant for..... Membership and certify that I have personal knowledge of the professional ability and character, methods of practice, and experience of the applicant. To the best of my knowledge the applicant has satisfied the requirements for membership, and observes and upholds the SLILA Rules.

.....  
Signature and  
Name of proposer who must be  
A Corporate Member  
Date  
.....

**DECLARATION BY SECONDER**

I endorse and second the proposal of the applicant for... ..... Membership and certify that I have personal knowledge of the professional ability and character, methods of practice, and experience of the applicant. To the best of my knowledge the applicant has satisfied the requirements for membership, and observes and upholds the SLILA Rules.

.....  
Signature and  
Name of proposer who must be  
A Corporate Member  
Date  
.....

**FOR OFFICE USE**

Recommended by the Membership Enrolment Committee and forwarded to Council.

Date: .....

- ☐ Corporate  
☐ Non-Corporate

.....  
 Chairman / Chairperson  
**MEMBERSHIP ENROLMENT  
 COMMITTEE**

Fees received:

Application fee: .....Date:.....  
 Registration fee: .....Date:.....  
 Subscription: .....Date:.....

.....  
**ACCOUNTS & ADMINISTRATIVE DIVISION**

.....  
 Elected by The Council on .....  
 [Date]

.....  
 [Applicant's Name]

.....  
**HON. SECRETARY, SLILA**

.....  
 Date

.....  
**PRESIDENT, SLILA**

.....  
 Date :

***Important – Instructions to Applicants:***

1. Please refer to Appendix B2 of the Rules before filling the application form.
2. The above is available with the Secretariat of SLILA or on the website
3. Duly perfected application should be handed over to the Secretariat as per Appendix B2 of the Rules of SLILA.
4. Attention is drawn to Appendices D1 or D2 as relevant.