Application for Listing in the New York State ASLA Landscape Architecture Directory

(Form must be completely filled out in order to be eligible for inclusion in directory.)

Applicant's Name _____
(Last) (Middle) (First)

Member of: _____ NY ASLA Chapter
_____ Upstate Chapter ASLA
_____ ASLA Membership No.
_____ Expiration date

Stamp your seal here

_____ _____
Signature Date

Business Address *(address where you will be contacted by person using the directory)*

Firm Name _____

Address _____

_____
(City) (State) (County) (Zip)

Phone _____ Fax _____ E-mail _____

Check whether your firm is a multidisciplinary firm (e.g., landscape architecture, engineering and/or architecture) or whether you are a general practice landscape architectural firm:

Multidisciplinary_____ or General Practice _____

Check below the areas of practice that landscape architects in the firm specialize in or offer services for:

	Cemeteries		Scenic and Visual Assessment
	Corporate Centers		Shopping Centers
	Educational Facilities		Stormwater Management
	Golf Courses		Subdivision Design
	Health Care Facilities		Urban Design
	Historic Preservation/Restoration		Vegetation Management
	Natural Resources		Waterfront Development
	Parks, Playgrounds & Recreational Facilities		Wetlands
	Parkways and Highways		*Other:*
	Planning		1.
	Residential Design		2.

Owner or Principal of Firm agreeing to Directory Listing:

_____ _____ _____
(typed or printed name) (signature) (date)

_____
(title or position in firm)