



APPLICATION FOR STUDENT MEMBERSHIP

Name: _____ Date: _____
Address: _____ Phone: _____
_____ Email: _____
College/University _____
Business Name: _____ Website: _____

Student Member:

This category of membership is available to students of Landscape Design/Horticulture at an accredited college or university. Students may remain in this category up to two years after graduation in order to gain experience toward certified membership application. This is a non-voting membership category.

Professional Endorsement (One professor or instructor under whom you are studying required.)

I am acquainted with the applicant and honestly believe that the individual will be an asset as a Student Member of the VSLD.

Name _____ Date _____
Name of Business _____ Address _____
Phone # _____
Signature _____

Please submit this application form, a copy of your transcript or other proof of enrollment, and a check payable to VSLD for the annual membership dues of \$30.00.

Mail to:

Meg French, VSLD Membership Chair
Meg French Landscape Design
3220 Holly Road
Virginia Beach VA 23451

(757) 705-1065
Email: megfrench@mac.com

Applicant's Statement: I hereby apply for membership in the Virginia Society of Landscape Designers and in so doing agree to observe all rules and regulations of the Society. I further agree to conduct my professional affairs at all times based on honesty, fairness, and the highest standards of quality.

Signed: _____ Date: _____