



APPLICATION FOR ASSOCIATE MEMBERSHIP

Name: _____ Date: _____
Address: _____ Phone: _____
_____ Email: _____
Business Name: _____ Website: _____

Associate Member:

This category of membership is available to those who wish to support the VSLD and who are engaged in related professions, but are not actively involved in landscape design. This is a non-voting membership category.

Professional Endorsement (One current certified VSLD member required.)

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

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

Please submit this application form and a check payable to VSLD for the annual membership dues of \$60.00.

Mail to:

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

(757) 705-1065
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: _____