

Membership Application Package For OALA Full Membership (Options 1, 3a, 3c and 4)

Application Procedures

1. Applicants should carefully read all material provided with this application.
2. Please determine your correct category of membership and complete the relevant portion of the application. Incomplete applications will delay processing and membership.
3. Provide your endorsers with the correct forms for their confidential recommendation. It is the endorsers' responsibility to forward their endorsements to the chair of the Examining Board. **(These may be emailed either with the Application package or directly to registrar@oala.ca)**
4. Submit your completed application form, required documentation, endorsements, consent to contact and non-refundable application fee to:

**Ontario Association of Landscape Architects
3 Church Street, Suite 506
Toronto, ON M5E 1M2
Attention: Examining Board Chair
Or by email to: registrar@oala.ca**

5. The Examining Board will act on applications for membership at their first regular meeting following receipt of the complete application. Examining Board meeting dates are posted on the OALA website calendar. Incomplete applications will not be considered. Candidates who are accepted for membership will be notified in writing by the Association upon OALA Council's approval of the Examining Board's recommendations.
6. Applicants who are required to attend an interview will be notified by the Association as to date, time, place, and requirements.
7. Required documentation:
 - Academic record transcript **(original or certified copy)**
 - Academic degree, certificate or diploma (copy)

Application Submission Checklist:

- Application completed (pages 2-4)
- Payment provided or completed online (page 5)
- Two (2) endorsement forms completed and submitted (page 6-7)
- Application for either Certificate *or* Certificate & Seal completed (page 8 or 9)
- Independent Course of Study form signed by Applicant and Advisor (page 10)
(for Option 4, only Applicant signature is required)
- Communication Consent Form completed (page 11)
- Academic transcript and degree submitted *(Associate members should confirm with Registrar that these are in their OALA file.)*
- CLARB record *(Option 4, only.)*

APPLICATION FOR FULL MEMBERSHIP

A. APPLICANT INFORMATION

Name *(Please Indicate Mr./ Ms.)*

B. MEMBERSHIP CANDIDACY OPTION

Check all relevant items for the candidacy option under which you are applying:

Please select your candidacy option:

#1

#3a

#3c

#4

OPTION #1: BACHELOR OR MASTER DEGREE IN LANDSCAPE ARCHITECTURE

- Bachelor or Master of Landscape Architecture degree
- Completed assigned PDP
- Passed a minimum of three sections of the LARE
- Completed the independent study course in Ontario on Ontario legislation and professional practice

OPTION #3: CANDIDATES WITH OTHER QUALIFICATIONS

3a	3b	3c
<ul style="list-style-type: none"> <input type="checkbox"/> Three Year Diploma in Landscape Architectural Technology from Ryerson Polytechnic University (1972 – 2000) OR Bachelor of Architectural Science – Landscape Architecture Option from Ryerson Polytechnic University (2000 – 2003) <input type="checkbox"/> Completed assigned PDP <input type="checkbox"/> Passed a minimum of three sections of the LARE <input type="checkbox"/> Completed the independent study course in Ontario on Ontario legislation and professional practice 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive relevant professional experience <p>Use 3b Senior Oral Exam application form.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Other education <input type="checkbox"/> Completed assigned PDP <input type="checkbox"/> Passed a minimum of three sections of the LARE <input type="checkbox"/> Completed the independent study course in Ontario on Ontario legislation and professional practice

OPTION #4: CANDIDATES WITH OTHER QUALIFICATIONS

- Candidates with equivalent membership in an equivalent organization who are CLARB certified

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C. EDUCATION

Degree/Diploma:	Institution:	Date Received:
1. _____	_____	_____
2. _____	_____	_____

Name of any professional organizations to which you currently belong

D. EXPERIENCE

List all employment after graduation starting with the most recent; use additional pages **if required**.

Start/End Dates:	Employer of Supervising LA:	Nature of Work:
1. _____	_____	_____
_____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
_____	_____	_____

E. EQUIVALENT MEMBERSHIP

Professional certification or licensing bodies of which you are or have been a member:

Organization Name:	Membership Dates:
1. _____	_____
2. _____	_____

Do you have a Council Record with CLARB? Yes No

F. EXPERIENCE RECORD (PDP)

(for applicants under Option #1 & Options #3a and #3c)

Length of assigned professional development period (PDP): _____

Date of final experience progress report: From: _____ To: _____



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G. CURRENT STATUS WITH OALA

I am currently an associate member of the OALA: Yes No

Were you granted a reduction in your assigned PDP? Yes No

If yes, what was the reduced assigned period? _____

H. ENDORSERS

Names of endorsers:

1. _____

2. _____

*Note: endorsers **must not** work in the same office.*



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Applicant's Name: _____

APPLICATION AND REGISTRATION FEES

Please use the following information to calculate the required application and registration fees. These fees are non-refundable.

1. Application Fees *(to be enclosed or paid by Credit Card.)*

a) Full Member: \$90
TOTAL amount due with application: \$90 + HST (\$101.70)

Payment by Cheque or Cash: Cheque No:
(enclosed with application) _____

Payment by Credit Card:

 CC# Expiry (mm/yy)

To pay by Credit Card via secure online processing please go to www.oala.ca/oala-membership-renewal and enter the amount in the custom field titled "Partial Year Membership" and add to cart. Please contact the Registrar if you have any questions or would rather pay by phone.

2. Membership Dues

Invoices for annual membership dues will be forwarded after approval of an application by Council and are payable within 60 days of date of invoice. Membership dues for the calendar year during which the application is approved will be prorated based on the date of notification of approval.

Full Member: **\$512 (2018), \$538 (2019)**
Note: CSLA dues and HST not included

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ENDORSEMENT

To be eligible to endorse an applicant, a person must be a full member of the OALA. The endorser must have personal knowledge of the applicant and his or her recent work experience. If possible, applicants for full membership should have an endorsement from their employer. Full membership requires two endorsers. The endorsers must not be from the same office or institution.

Applicants should refer to the section on membership options for information regarding the number of endorsements required. Two forms have been included for applicants applying for full member status.

I endorse and sponsor _____ *(name of applicant)* as a candidate for
_____ *(category of membership)* membership and certify that I have personal knowledge of the professional ability and character, methods of practice, and experience of the applicant. The candidate has satisfied the requirements for membership in this category, and to the best of my personal knowledge, the applicant observes and upholds the Association's [Code of Ethics and Professional Practice](#).

Endorser's signature
I am a full member of the OALA in good standing.

Name printed

Date

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Endorser's signature
I am a full member of the OALA in good standing.

Name printed

Date

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APPLICATION FOR OALA MEMBERSHIP CERTIFICATE

I hereby apply for enrollment as a full member of the Ontario Association of Landscape Architects and for a certificate of membership:

(Please print your name as you wish it to appear on the **certificate**)

Home Address

City	Province/State	Postal/Zip Code
------	----------------	-----------------

Name of Employer/Business

Address

City	Province/State	Postal/Zip Code
------	----------------	-----------------

Telephone

Email to use for communication:

Address to use for communication: Home Business

I wish to receive *Ground:
Landscape Architecture Quarterly* Hardcopy (by mail) Digital only (viewed online)

I undertake to forthwith provide the OALA with any change in either my home or business address.

I acknowledge that the certificate of membership will remain the Association's property and I agree to return it forthwith upon demand and without demand should my membership be terminated or suspended.

I undertake to employ the certificate only in accordance with the rules and regulations of the Association and for no improper purpose.

I will abide by the [OALA Code of Ethics and Professional Practice](#).

Signature

Date



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APPLICATION FOR OALA MEMBERSHIP CERTIFICATE AND PROFESSIONAL SEAL

(Please return this form along with your current certificate where applicable.)

I hereby apply for enrollment as a full member of the Ontario Association of Landscape Architects, a certificate of membership, and professional seal:

(Please print your name above as you wish it to appear on the **certificate**)

(Please print your name above as you wish it to appear on the **seal**)

Home Address

City	Province/State	Postal/Zip Code
------	----------------	-----------------

Name of Employer/Business

Address

City	Province/State	Postal/Zip Code
------	----------------	-----------------

Telephone

Email to use for communication: _____

Address to use for communication: Home Business

I wish to receive *Ground: Landscape Architecture Quarterly* Hardcopy (by mail) Digital only (viewed online)

I undertake to forthwith provide the OALA with any change in either my home or business address.

I acknowledge that the certificate of membership and professional seal will remain the Association's property and I agree to return them forthwith upon demand and without demand should my membership be terminated or suspended.

My previously issued certificate (if applicable) is enclosed herewith.

I undertake to employ the certificate and seal only in accordance with the rules and regulations of the Association and for no improper purpose.

I will abide by the [OALA Code of Ethics and Professional Practice](#).

Signature

Date



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INDEPENDENT COURSE OF STUDY ON ONTARIO LEGISLATION AND PROFESSIONAL PRACTICE

I hereby certify that I have completed the requirements for the [Independent Course of Study](#) on Ontario Legislation and Profession Practice.

Applicant's Signature

 Date

I hereby certify that I have met with _____ *(applicant's name)*
 on _____ occasions during the Professional Development Program and that this associate has completed the Independent Course of Study on Professional Practice and Legislation in Ontario.

Advisor's Signature

 Date

NOTE: Option 4 applicants do not require the Professional Advisor's signature.

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COMMUNICATION CONSENT

Please complete with Application

Canada's anti-spam legislation ("CASL") came into effect July 2014 and regulates the distribution of commercial electronic messages ("CEM"). The legislation requires that we obtain your **EXPRESS CONSENT** to enable us to send you CEM relating to OALA's news, programs, and events via e-mail. With your application, kindly include this signed page to ensure the OALA can continue to update you by email.

The Association currently sends out communication pieces to our database of members, suppliers, sponsors and partners. The pieces can include, but are not limited to, the following:

- Membership standing
- OALA E-newsletter
- Invitations to events and opportunities
- Meetings
- Issues of relevance to members
- Thank you emails
- Sponsorship requests

Name

Date

I consent to receiving all messages from OALA and acknowledge that I can withdraw my consent at any time by writing to registrar@oala.ca.

I withdraw from receiving any e-mail communication from the OALA.

Thank you.

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Contact email: registrar@oala.ca