

AFFILIATE MEMBERSHIP APPLICATION

2 YEAR PROGRAM MEMBERS: 2-year program members are institutions that do not qualify for, or are not seeking, accreditation by NAAB or CACB. Such institutions include North American programs in landscape architecture or other fields related to architecture, and community colleges.

4 YEAR PROGRAM MEMBERS: 4-year program members are institutions that do not qualify for, or are not seeking, accreditation by NAAB or CACB. Such institutions include North American programs in landscape architecture or other fields related to architecture, and community colleges.

INTERNATIONAL PROGRAM MEMBERS: International members are 2 and 4 year institutions, outside of North America, that do not qualify for, or are not seeking, accreditation by NAAB or CACB. Such institutions include international programs in landscape architecture or other fields related to architecture.

Institution: _____

Division / Dept.: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Internet: _____

Admin. Head: _____ Title: _____

AFFILIATE MEMBERSHIP APPLICATION

Primary Contact (if different from Admin. Head):

Name: _____ Phone: _____

Fax: _____ Email: _____

Application Date: _____

Program Information:

Degree(s) or Certificate(s) Awarded: _____

Approximate Number of Full-Time Students (for each year of study): _____

Number of Full-Time Faculty in Program: _____

Admissions Requirements: _____

Approximate Tuition and Fees: _____

Date of Program Inception: _____

Brief Program Summary (attach catalog/bulletin or describe below):

AFFILIATE MEMBERSHIP APPLICATION

GENERAL INFORMATION:

Does your school or program have any affiliations with professional schools of architecture?
If so, please describe:

Is your school accredited?*: Yes_____ No_____

If yes, by what accrediting agency?: _____

The ACSA operates its programs and services on an inclusive basis. Please tell us more about your school and its programs:

School Demographics (all degree programs):

Full-Time Faculty	Part-Time Faculty	Full-Time Students	Part-Time Students
_____	_____	_____	_____
Foreign Students	Out-of-State US Students	Women Students	Minority Students
_____	_____	_____	_____

Signature: _____ Date: _____

AFFILIATE MEMBERSHIP APPLICATION

ANNUAL AFFILIATE MEMBER DUES RATES

Please send me an invoice for:

Please check one: U.S.D. \$832 2 Year Programs ☐ _____

U.S.D. \$1,017 4 Year Programs ☐ _____

U.S.D. \$670 International Programs ☐ _____

PAYMENT INSTRUCTIONS

Payment must be received in the form of credit card, a check drawn on a bank located in the U.S.A. or Canada, a wire transfer, or ACH payment. ACSA will send a membership invoice only upon receipt of this completed form.