**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):

<table>
<thead>
<tr>
<th></th>
<th>Full-Time Faculty</th>
<th>Part-Time Faculty</th>
<th>Full-Time Students</th>
<th>Part-Time Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Foreign Students</td>
<td>______</td>
<td>Out-of-State US Students</td>
<td>______</td>
<td>Minority Students</td>
</tr>
<tr>
<td></td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

Signature: _____________________________________________ Date: _________________________
AFFILIATE MEMBERSHIP APPLICATION

ANNUAL AFFILIATE MEMBER DUES RATES

Please send me an invoice for:

Please check one:  U.S.D. $788  2 Year Programs  ________
                  U.S.D. $1200  4 Year Programs  ________
                  U.S.D. $600  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.