REGISTRATION APPLICATION FOR LANDSCAPE INSTITUTE PRACTICE

(N.B. All starred * text will appear in the directory)

1. Type of office Registration

Are you registering a:

- ☐ Landscape Practice – Private Practice
- ☐ Landscape Department – Private Practice
- ☐ Landscape Department – Local Authority

(Please refer to Guidance Notes & Criteria for definitions)

2. Name of Practice or Department (i.e. company name) *

3. Contact Details *

Address 1	
Address 2	
Postcode	
Address 3	
Country	
Telephone	
Fax	
Email	
Website	

Is the address you have given a Head Office? Yes ☐ No ☐

4. Head office and invoice address

For administrative purposes, correspondence relating to registration is sent to an invoice address (usually the Head Office). If the invoice address is different from the above please add below.

Invoice address if different from above

Address 1	
Address 2	
Address 3	
Postcode	
Country	