

Application/ Renewal Form for SILA Recognised Practice Status

Recognised Practice Status

Persons, who are in the categories of Fellow or Member, and also active directors of a Landscape Architectural private practice or head of a public sector Landscape Architectural Department, may apply for their company or department to be a Recognised Practice registered with SILA. The nominated director must be an active full time director of the company and resident in Singapore.

Organisation Particulars

Name of Organisation : _____
 Mailing Address : _____
 Postal Code : _____
 Tel : _____ Fax : _____
 Email : _____
 Website : _____
 Business Reg No : _____
 Date of Reg/ Incorporation : _____
 Kindly attach ACRA printout showing current list of Director(s).

Total No. Staff (All Professional & Non-Professional Staff) : No(s) _____

Particulars of Nominated Director/ Partner

Name of Representative : _____
 Designation : _____
 Email : _____
 Contact No : _____ SILA Membership No : _____
 NRIC No : _____
 Qualifications (Academic & Professional) : _____

Particulars of Other Directors/ Partners

| Names of Other Directors/Partners | Designation/Title | NRIC No/ Passport No | SILA Membership Grade & Membership No. (if any) | Qualifications (Academic & Professional) |
|-----------------------------------|-------------------|-------------------------|---|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(Please make copies of this if necessary and attached with the application form)

Particulars of Other Professionals

| Names of Other Professionals | Designation/Title | NRIC No/ Passport No | SILA Membership Grade & Membership No. (if any) | Qualifications (Academic & Professional) |
|------------------------------|-------------------|-------------------------|---|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(Please make copies of this if necessary and attached with the application form)

Particulars of Non- Professional Staff

| Names of Non- Professionals | Designation/Title |
|-----------------------------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Instruction & Membership Fee

| Type of Membership ¹⁺² | Membership Fee | Please tick accordingly |
|---------------------------------------|----------------|--------------------------|
| Category 1 (1-10 staff members) | \$ 800 | <input type="checkbox"/> |
| Category 2 (11-30 staff members) | \$ 2,000 | <input type="checkbox"/> |
| Category 3 (31 staff members & above) | \$ 4,000 | <input type="checkbox"/> |

1. SILA reserves the right to decide the appropriate membership category.
2. All cheque payment should be made out to **Singapore Institute of Landscape Architects**

Declaration

I hereby declare that the information provided in this application is true to the best of my knowledge.

I enclose the sum of SGD\$: _____ Cheque No : _____ Bank : _____

Applicants Signature : _____ Date : _____

For Official Use:

Date Received

Status : Approved Rejected

Reason : _____

Hon. Secretary's signature : _____ Date : _____

An application is considered complete only when this form is duly completed along with any supplementary information required and the appropriate fee included.