

2017 BCSLA SITELINES – PRIVATE SECTOR FIRM AND PUBLIC SECTOR ROSTER UPDATE FORM

This information will be used to update the SITELINES ANNUAL MEMBERSHIP AND FIRM ROSTER and the BCSLA Consulting section of www.bcsla.org.

Please consult the 2016 [SITELINES ANNUAL](#) and the consulting section of the BCSLA website at www.bcsla.org/consulting/consulting to see how your private sector firm or public agency is listed.

Submit only **ONE** Firm Roster Update Form per company/public agency.

Return **both pages** of this form to office@bcsla.org, or by mail to the BCSLA office by **January 31, 2017**. A digital, fillable PDF of this form is available at www.bcsla.org/initiatives/bcsla-publications-1. If you do not want your firm or public agency to be listed, please contact the BCSLA office. If you do not submit an update form, we will use your listing from last year.

Please type information in-full as this is how your information will appear in the Annual and on the BCSLA website.

I. PRIVATE SECTOR FIRM/PUBLIC AGENCY INFORMATION

Please select one box below:

- PRIVATE SECTOR** – must employ at least one BCSLA REGISTERED LANDSCAPE ARCHITECT *or*
- PUBLIC SECTOR** – must employ at least one BCSLA REGISTERED LANDSCAPE ARCHITECT/LANDSCAPE ARCHITECT MEMBER OR INTERN/ASSOCIATE

Firm/Agency Name: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____ Web: _____

Principal(s): _____ Size of Firm: _____

Description: (Work and type of firm. Maximum 75 words, please use separate sheet of paper if necessary)

Recent Awards (won within the last 5 years): (Year, Award, Project Name. Maximum 5 projects.)

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Projects (in progress or completed within the last 5 years): (Project Name, City, Province. Maximum 5 projects.)

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

II. AUTHORIZATION

To safeguard and protect your personal information, the BCSLA will only use this information for the purpose(s) specified. It will not be re-used or distributed in any form other than for its specified purpose in compliance with [BCSLA Privacy Protection Policy](#), [PIPEDA](#), [PIPA](#), and [Federal ANTI-Spam Legislation](#).

I authorize the BCSLA to use the contact information listed for the purpose(s) specified.

Authorized Signature

Name (Please print clearly.)

Date (MM/DD/YYYY)

Title (Please print clearly.)