

New member  
 Former Member  
Mbr. No.: \_\_\_\_\_



# The American Institute of Architects Allied Affiliate Membership Application

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## Personal Information *(please print clearly)*

Mr.  Mrs.  Ms. First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company/Firm Name \_\_\_\_\_ Company Acronym \_\_\_\_\_

Office Address (include suite number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Address (include apt. number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Main Company Phone \_\_\_\_\_ Company Web Site \_\_\_\_\_

Direct Office Phone \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_ Office E-mail \_\_\_\_\_

**Preferred Address:** *(check one)*  Office  Home

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## Dues Enrollment

The AIA is a three-tiered organization, however Allied Membership is not required at all levels. Membership dues are calculated on a calendar year, January through December. New member dues are prorated quarterly.

**Please contact the local chapter you will be joining to determine your current membership dues.**

**Allied Affiliate Membership Dues = \$250.00**

Please assign me to the following local AIA component: \_\_\_\_\_ Ventura County, CA \_\_\_\_\_

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## Method of Payment *(Please submit full payment of your membership dues)*

- Check enclosed (payable to The American Institute of Architects)  
 Charge my  Visa  MasterCard  AmEx

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Cardholder \_\_\_\_\_ Billing ZIP code \_\_\_\_\_ Signature \_\_\_\_\_

**Please return completed application  
and payment to your local chapter.**

_____	_____
Component Executive Signature	Date
_____	
Component Name	