



The American Institute of Architects Allied Affiliate Membership Application

New member
 Former Member
Mbr. No.: _____

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

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 = __\$210.00_____

Please assign me to the following local AIA component: _____

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:**

**AIA/San Fernando Valley
15840 Ventura Blvd., Suite 103
Encino, California 91436**

_____	_____
Component Executive Signature	Date

Component Name	