

New member
 Former Member
Mbr. No.: _____



The American Institute of Architects Affiliate Application for CA Chapters

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

Business Practice *(please check all that apply)*

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Consulting | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Contracting |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Product Manufacturing | <input type="checkbox"/> Art |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Other _____ | |

Dues Enrollment

The AIA is a three-tiered organization, however Allied Membership is only required at the local level. For more information about joining the state chapter, please contact The AIACC at 916-448-9082. For more information about joining the national chapter, please contact The AIA at 800-242-3837. Membership dues are calculated on a calendar year, January through December. New member dues are prorated quarterly (already calculated below).

Membership rates below are effective July 1, 2010 – December 31, 2010.

- | | |
|---|----------|
| <input type="checkbox"/> Affiliate Membership Dues | \$157.50 |
| <input type="checkbox"/> Executive Affiliate Membership Dues | \$300.00 |

Please assign me to the following local AIA component: _____ AIA Orange County

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:

AIA Orange County
3000 Newport Blvd.
Newport Beach, CA 92663

_____	_____
Component Executive Signature	Date

Component Name	