



The American Institute of Architects Professional Affiliate Application for AIASCV

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

Business Practice *(please check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Construction | <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 / Photography |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Technology | <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.

Please contact your local chapter to determine your current membership dues.

Allied Membership Dues Local \$390 + State (optional membership) _____ = _____

Please assign me to the following local AIA component: AIA Santa Clara Valley (CASC)

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 Santa Clara Valley Chapter
325 S. First Street, Suite 100
San Jose, CA 95113
(408) 298-0611 FAX (408) 298-0619

_____	_____
Component Executive Signature	Date

Component Name	