

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



# The American Institute of Architects Component Allied Membership Application

**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 if you are a current member of The AIA, Component Allied Membership is only required at the local level and only available to architect or associate members who are members in good standing of another AIA chapter component. Membership dues are calculated on a calendar year, January through December. New member dues are prorated quarterly. **The rates quoted here are in effect from 4/1/09 until 6/30/09.**

**Component Allied Membership Dues =**      \_\_\_\_\_ \$ 154.00

**AIA San Diego**

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

**Return to:**  
ATTN: Membership  
AIA San Diego  
233 A Street, Suite 200  
San Diego, CA 92101  
Phone: 619.232.0109  
Fax: 619.232.4542

_____ Component Executive Signature	_____ Date
<b>AIA San Diego (CASD)</b>	
_____ Component Name	