☐ New member
No.: _____

☐ Former Member
Mbr. No.: _____

# The American Institute of Architects
# 2009 Student Affiliate Membership Application

**Personal Information** *(please print clearly)*

☐ Mr. ☐ Mrs. ☐Ms. First Name M.I. Last Name

Home Address (include apt. number) City State ZIP

Home Phone

School & Address (include apt. number) City State ZIP

E-mail

**Preferred Address:** *(check one)* ☐ School ☐ Home

I am in the following year of school: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ postgraduate ☐ other _____

My anticipated date of graduation is: _____

I ☐ am ☐ am not a member of my school's Association of Student Chapters/ AIA Chapter or an affiliate member of ASC/AIA.

I ☐ am ☐ am not a member of The AIAS.

**Dues Enrollment**

**AIA San Diego Student Membership Dues =** ___-0-____

Please assign me to the following local AIA component: AIA San Diego

**Return to:**
**Membership Coordinator**
**AIA San Diego**
233 "A" Street, Suite 200
San Diego, CA 92101
Phone: 619.232.01209
Fax: 619.232.4542

Component Executive Signature Date

AIA San Diego

Component Name