☐ 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: 619.232.0109
Fax: 619.232.4542

Component Executive Signature Date

AIA San Diego

Component Name