THE AMERICAN INSTITUTE OF ARCHITECTS

☐ New member
☐ Former Member
Mbr. No.: _____

2011 Component Allied Membership Application (AL 4)

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.

Component Allied Membership Dues

Membership dues are calculated on a calendar year, January through December. New member dues are prorated quarterly.

Joining between 10/1/10–3/31/11	Joining between 4/1/11–6/30/11	Joining between 7/1/11–9/30/11
$225.00	**$168.75**	**$112.50**

Please assign me to the following local AIA component: **AIA SAN DIEGO**

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 ☐ Discover

Card number Expiration date

Cardholder Billing ZIP code Signature

Return to:

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

Component Executive Signature Date

AIA San Diego (CASD)
Component Name