



# The San Diego Chapter of The American Institute of Architects 2010 Corporate Allied Application

New Member  
No.: \_\_\_\_\_

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

## Personal Information *(primary member)*

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

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Job Title

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Company/Firm Name                                              Company Acronym

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Office Address (include suite number)                      City                      State                      ZIP

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Home Address (include apt. number)                      City                      State                      ZIP

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Main Company Phone                      Company Web Site                      Email address

**Preferred Address:** *(check one)*     Office             Home

## Personal Information *(2<sup>nd</sup> Corporate Staff Allied member)*

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

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Job Title

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Direct Company Phone                                              Email address

## Personal Information *(3<sup>rd</sup> Corporate Staff Allied member)*

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

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Job Title

---

Direct Company Phone                                              Email address

## Business Practice *(please check all that apply)*

- |                                                 |                                                |                                      |
|-------------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Roofing                | <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         |
| <input type="checkbox"/> Planning               | <input type="checkbox"/> Graphic Design        | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Lighting               | <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 assign me to the following local AIA component: \_\_\_\_\_ AIA San Diego \_\_\_\_\_

Corporate Allied Dues	Joining between 10/1/09–3/31/10		Joining between 4/1/10–6/30/10		Joining between 7/1/10–9/30/10
Local	\$491.00	Local	\$369.00	Local	\$247.00

**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 to:**  
**The American Institute of Architects**  
**233 A St, Ste, 200**  
**San Diego, CA 92101**  
**Phone: 619-232-4542**  
**Fax: 619-232-4542**  
**Email: [info@aiasandiego.org](mailto:info@aiasandiego.org)**

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

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