

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 10/01/09 until 03/31/10.**

Component Allied Membership Dues = _____ \$ 215.00

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
AIA San Diego (CASD)	
_____ Component Name	