

New member
 Former Member
 Mbr. No.: _____



The American Institute of Architects Allied Affiliate 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 Allied Membership is not required at all levels. Membership dues are calculated on a calendar year, January through December. New member dues are prorated quarterly.

Allied Affiliate Dues	New Member Joining between 10/1/09–3/31/10		New Member Joining between 4/1/10–6/30/10		New Member Joining between 7/1/10–9/30/10
Local	\$ 300.00	Local	\$ 225.00	Local	\$ 150.00
TOTAL DUES	\$ 300.00	TOTAL DUES	\$ 225.00	TOTAL DUES	\$ 150.00

Allied Affiliate Membership Dues = _____

Please assign me to the following local AIA component: **AIA Santa Barbara**

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 to expedite immediate web-listing at local chapter: AIA Santa Barbara 229 East Victoria Street Santa Barbara, CA 93101 Fax to: 805-966-5861 Email: info@aiasb.com	Upon receipt, your completed application will be forwarded for membership processing to: The American Institute of Architects Post Office Box 64185 Baltimore, MD 21264-4185 Fax to: 202-626-7547 Email to: MemberServices@aia.org	Office Use Only
		Component executive signature Date
		Component name
		Notes:

Thank you for your interest in AIA Santa Barbara. We look forward to your continued membership and support.
 Log onto: www.aiasb.com for local chapter news, resources and schedule of events.