

New member
 Former Member
Mbr. No.: _____



The American Institute of Architects Component 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 if you are a current member of The AIA, Component Affiliate Membership is only required at the local level. Membership dues are calculated on a calendar year, January through December. New member dues are prorated quarterly.

Component Affiliate Membership Dues = \$350

Please assign me to the following local AIA component: Central Valley, California (CACV)

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
and payment to your local chapter.**

_____	_____
Component Executive Signature	Date
CACV	_____
Component Name	