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

The American Institute of Architects
Student Affiliate Membership Application

Personal Information *(please print clearly)*

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

School Name

School Address City State ZIP

Home Address (include apt. number) City State ZIP

Home Phone Home Fax

E-mail

Preferred Address: *(check one)* ☐ School ☐ Home

I am in the following year of school: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ postgraduate ☐ other _____

My anticipated date of graduation is: _____

I ☐ am ☐ am not a member of my school's Association of Student Chapters/ AIA Chapter or an affiliate member of ASC/AIA.

I ☐ am ☐ am not a member of The AIAS.

Dues Enrollment

Please contact your local chapter to determine your current membership dues.

Local Student Membership Dues = AIA Central Valley does not charge a local student membership fee.

Please assign me to the following local AIA component: AIA Central Valley, Sacramento, California

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
Attention: Membership Processing
Post Office Box 64185
Baltimore, Maryland 21264-4185

Component Executive Signature Date

CACV
Component Name