

New member
 Former Member
Mbr. No.: _____



The American Institute of Architects, Central Valley Chapter 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 the AIAS (American Institute of Architectural Students.)

Dues Enrollment

Please assign me to the following local AIA component: CACV

I've enclosed a copy of my current and valid student ID, or other proof of student status.

Student Dues	Joining between 10/1/11–3/31/12	Joining between 4/1/12–6/30/12	Joining between 7/1/12–9/30/12
CACV	\$10.00	\$7.50	\$ 5.00

Method of Payment

Submit full payment of your membership dues. Dues are not a tax-deductible donation.

Check enclosed *(payable to the American Institute of Architects)* Charge my: Visa MasterCard AmEx

Card number Expiration date

Cardholder Signature

Return to:

AIA Central Valley
1400 S Street, Suite 100
Sacramento, CA 95814
Fax to 916-444-3005
E-mail to info@aiacv.org

Office Use Only		
Component executive signature	Date	CACV Component name
Notes:		