

New member
 Former Member
Mbr. No.: _____



The American Institute of Architects Allied Application for CA Chapters

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

Business Practice *(please check all that apply)*

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Consulting | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Contracting |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Product Manufacturing | <input type="checkbox"/> Art |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Other _____ | |

Dues Enrollment

The AIA is a three-tiered organization, however Allied Membership is only required at the local level. For more information about joining the state chapter, please contact The AIACC at 916-448-9082. For more information about joining the national chapter, please contact The AIA at 800-242-3837. Membership dues are calculated on a calendar year, January through December. New member dues are prorated quarterly.

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

Allied Membership Dues Local \$100.00 + State (optional membership) _____ = \$100.00

Please assign me to the following local AIA component: AIA California Desert Chapter

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 Security Code

Cardholder Billing ZIP code Signature

**Please return completed application
and payment to your local chapter.**

**AIA California Desert Chapter
67-782 Highway 111, Suite B104-184
Cathedral City, CA 92234**

_____	_____
Component Executive Signature	Date
AIA California Desert Chapter Component Name	