

New member
 Former Member
Mbr. No.: _____



AIA San Joaquin

A Chapter of the American Institute of Architects

Professional 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.

Please contact the local chapter you will be joining to determine your current membership dues.

Professional Affiliate Membership Dues = \$135

Please assign me to the following local AIA component AIA San Joaquin

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

Credit Card Payment

Card number _____ Expiration date _____

Not Available

Cardholder _____ Billing ZIP code _____ Signature _____

Please return completed application and payment to your local chapter:

AIA San Joaquin
4747 N. First Street, Suite 140
Fresno, CA 93726
559.227.1463 fax

_____	_____
Component Executive Signature	Date
AIA San Joaquin	

Component Name	