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

The American Institute of Architects
Allied Affiliate 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)*

☐ Roofing
☐ Landscape Architecture
☐ Publishing
☐ Planning
☐ Lighting
☐ Consulting
☐ Interior Design
☐ Product Manufacturing
☐ Graphic Design
☐ Other _____
☐ Engineering
☐ Contracting
☐ Art
☐ Photography

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 $140.00 + State (optional membership) _____= $140.00

Please assign me to the following local AIA component: Inland California 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

Cardholder Billing ZIP code Signature

Please return completed application and payment to your local chapter.

Component Executive Signature Date

Component Name