



National Individual Allied Membership Application

Created at the national level to promote communication among all members of the design and construction team, individual allied membership is open to engineers, planners, landscape architects, sculptors, muralists, artists, and those in government, education, journalism, manufacturing industry, and other fields allied to architecture. Individuals must not be otherwise eligible for membership in the Institute. Please contact your local chapter if you are interested in local allied membership.

Personal Information

Mr. Mrs. Ms.	First name	M.I.	Last name	
Date of Birth		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	
Home Phone		Home e-mail		

I do not wish to be listed in any membership list sold by the AIA to third parties.

Company Information

Please check the profession that you represent.

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Planning | <input type="checkbox"/> Landscape architecture | <input type="checkbox"/> Contracting |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Consulting | <input type="checkbox"/> Interior design | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Product manufacturing | <input type="checkbox"/> Education | <input type="checkbox"/> Law firms | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Real estate | <input type="checkbox"/> Construction company | <input type="checkbox"/> Art | |

Payment Information

* National Individual Allied membership dues are \$231.75. Membership is based on a calendar year from January—December. **New member rates are prorated quarterly. The rates quoted here are in effect until 6/30/07.**

Charge my: Visa MasterCard AmEx

Card number _____ Expiration date _____

Cardholder _____ Signature _____

I declare that this information is accurate and complete. I understand that as a National Individual Allied member, I will be subject to the duties, obligations, and responsibilities set forth in the relevant portions of the AIA bylaws.

Signature _____ Date _____

Return the completed application to:
National Allied Membership
The American Institute of Architects
P.O. Box 64185
Baltimore, MD 21264-4185
Phone: 800-242-3837
Fax to 202-626-7547