



AIA New York State

An Organization of The American Institute of Architects

Source Code: ALLIEDNYS07

☐ New member

☐ Former member _____
Member ID

Allied Membership Application

Created at the state level to promote communication among all members of the design and construction team, individual and corporate allied membership are 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.

Corporate Allied Membership Information – (Includes Three Employees) – Annual Dues of \$1,500

Primary Member

Mr. Mrs. Ms. First Name M.I. Last Name Job Title

Second Member

Mr. Mrs. Ms. First Name M.I. Last Name Job Title

Third Member

Mr. Mrs. Ms. First Name M.I. Last Name Job Title

Company/Firm Name Company Acronym

Office Address (include suite number) City State Zip

Main Company Phone Direct Office Phone Extension Fax

E-mail Company Website

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

Individual Allied Membership Information – Annual Dues of \$250

Mr. Mrs. Ms. First Name M.I. Last Name Job Title

Company/Firm Name Company Acronym

Office Address (include suite number) City State Zip

Main Company Phone Direct Office Phone Extension Fax

Email Company Website

☐ 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 | _____ |

The information gathered by the AIANYS is used solely for the purpose of fulfilling the AIANYS mandate to you. Personal information you provide to AIANYS shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

CSI Division Information

Please check the division(s) that you represent.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Access Controls | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Lighting/Lighting Products and Services | <input type="checkbox"/> Stairways |
| <input type="checkbox"/> Air Delivery Services | <input type="checkbox"/> Contract Furnishings | <input type="checkbox"/> Lumber/Wood Products | <input type="checkbox"/> Stone Products and Services |
| <input type="checkbox"/> Aluminum and Fencing | <input type="checkbox"/> Conveying Systems | <input type="checkbox"/> Maintenance Equipment | <input type="checkbox"/> Surface Treatments |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Doors | <input type="checkbox"/> Masonry | <input type="checkbox"/> Switches/Controls |
| <input type="checkbox"/> Architectural Fabrics | <input type="checkbox"/> Electrical | <input type="checkbox"/> Metals | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Associations/Institutes/Agencies | <input type="checkbox"/> Fencing | <input type="checkbox"/> Millwork Molding | <input type="checkbox"/> Underslab Vapor Retarders |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Finance | <input type="checkbox"/> Paint | <input type="checkbox"/> Vents |
| <input type="checkbox"/> Audio/Video/Telephone | <input type="checkbox"/> Finishes | <input type="checkbox"/> Paneling | <input type="checkbox"/> Wallboard/Interior Treatment |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Flooring/Floor Systems | <input type="checkbox"/> Plastics | <input type="checkbox"/> Water/Treatment Systems |
| <input type="checkbox"/> Products/Services/Plumbing | <input type="checkbox"/> Glass Products | <input type="checkbox"/> Publications/Publishing | <input type="checkbox"/> Weather Resistant Barriers |
| <input type="checkbox"/> Building Products | <input type="checkbox"/> Graphic Supplies/Equipment | <input type="checkbox"/> Renovations/Restoration Products | <input type="checkbox"/> Window Flashings |
| <input type="checkbox"/> Building Systems | <input type="checkbox"/> Insulation | <input type="checkbox"/> Roofing | <input type="checkbox"/> Windows/Skylights |
| <input type="checkbox"/> Caulks/Coatings/Sealants | <input type="checkbox"/> Insurance | <input type="checkbox"/> Safety Products | <input type="checkbox"/> Wiring Devices |
| <input type="checkbox"/> Ceilings/Ceiling Products | <input type="checkbox"/> Interior Furnishings and Products | <input type="checkbox"/> Security Products | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer/Hardware and Software Design | <input type="checkbox"/> Internet Services | <input type="checkbox"/> Siding | |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Kitchen Products | <input type="checkbox"/> Signage | |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Landscape Products | | |

Payment Information

AIA New York State Individual and Corporate Allied membership dues are based on your assigned anniversary date which is the date when AIANYS receives your payment and signed application. AIANYS will invoice your next year's dues one month before your assigned anniversary date.

Please select your membership category you are applying for:

- | | | | | |
|----------------------------------|---|-------------------------|-------------------|------------|
| <input checked="" type="radio"/> | Corporate Allied Membership Dues+ | AIA New York State Dues | \$1,500.00 | = \$ _____ |
| <input checked="" type="radio"/> | Individual Allied Membership Dues+ | AIA New York State Dues | \$250.00 | = \$ _____ |
| | | TOTAL DUES | | = \$ _____ |

Please make all checks payable to AIA New York State. If you plan on paying by credit card, please fill out the information below.

Charge my: ☐ Visa ☐ Mastercard ☐ American Express

Card Number

Expiration Date

Cardholder Name (please print)

Cardholder Signature

I declare that this information is accurate and complete. I understand that as an AIA New York State Allied member, I will be subject to the duties, obligations, and responsibilities set forth in the relevant portions of the AIANYS bylaws.

I, the undersigned, hereby apply for an AIA New York State Allied Membership. Payments to AIANYS are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

Signature

Date

Return the completed application with payment to:

AIA New York State
Allied Membership
50 State Street, 5th Floor
Albany, NY 12207

Or fax to: (518) 426-8176

AIANYS Executive Director Approval Signature

Date

Allied Membership #

Anniversary Date Assigned

**If you have any questions or concerns regarding the AIANYS Allied Membership Program,
please call (518) 449-3334.**