Allied Membership Application

Allied membership is open to engineers, planners, landscape architects, sculptors, muralists, artists, and those in government, education, journalism, and manufacturing industry, and other fields allied to architecture. Applicants cannot be eligible for Architect, International Associate AIA or Associate AIA membership. Contact your state or national chapter if you are interested in Allied membership at the state or national level.

Personal Information (Print your name clearly)

Mr. Mrs. Ms. First name M.I. Last name

Home address Apartment number

City State ZIP Country

Home phone Home fax Cell phone

Date of birth (Optional) Home e-mail

Company Information

Company name/acronym Job title

Company address Suite/floor number

City State ZIP Country

Company phone Company fax Company e-mail Company Web address

Preferred Address (check one)

Mail (for print materials): □ Home OR □ Office
E-mail (for correspondence): □ Home OR □ Office

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

Professional Information (Check the profession that you represent.)

☐ Engineer ☐ Landscape architecture ☐ Are you a member of any of the following professional organizations?
☐ Publishing ☐ Interior design ☐ GCBI LEED AP #
☐ Product Manufacturing ☐ Law firm ☐ USGBC National Member (Company)
☐ Real Estate ☐ Construction Company ☐ USGBC Local Member (Individual)
☐ Planning ☐ Art ☐ I was referred to join the AIA by (check only one):
☐ Consulting ☐ Contracting ☐ Local chapter
☐ Education ☐ Technology ☐ State chapter
☐ Landscape architecture ☐ Other _________________________
☐ National advertisement ☐ AIA member _________________________
**Allied Membership Dues**
Membership is based on a calendar year from January to December at $145.

**Method of Payment**
Submit full payment of your local membership dues. Dues are not a tax-deductible donation but may be eligible as a business expense deduction.

☐ Check enclosed (payable to the American Institute of Architects Inland California Chapter)

______________________________  _________________________
Signature                              Date

Please let us know who pays your professional AIA membership dues? (Please check one)

☐ Firm/Company
☐ Myself
☐ Partial payment from Firm/Company

Return to: AIA Inland California Chapter
4649 Brockton Avenue
Riverside, CA 92506