



# AIA Inland California

## 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.)*

<input type="checkbox"/> Engineer	<input type="checkbox"/> Landscape architecture
<input type="checkbox"/> Publishing	<input type="checkbox"/> Interior design
<input type="checkbox"/> Product Manufacturing	<input type="checkbox"/> Law firm
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Construction Company
<input type="checkbox"/> Planning	<input type="checkbox"/> Art
<input type="checkbox"/> Consulting	<input type="checkbox"/> Contracting
<input type="checkbox"/> Education	<input type="checkbox"/> Technology
<input type="checkbox"/> Landscape architecture	<input type="checkbox"/> Other _____

### Are you a member of any of the following professional organizations?

GCBI LEED AP # \_\_\_\_\_  
 USGBC National Member (Company)  
 USGBC Local Member (Individual)

### I was referred to join the AIA by *(check only one)*:

Local chapter  
 State chapter  
 National advertisement  
 AIA member \_\_\_\_\_

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**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**