

Allied Membership Application

Member Information

 Firm/Organization Name

 Primary Member Name

Title

 Phone Number

Email Address

 Address

City, State

Zipcode

Business Practice

- | | | |
|--|---|--|
| <input type="checkbox"/> Architecture Firm | <input type="checkbox"/> Government | <input type="checkbox"/> Real Estate Firm |
| <input type="checkbox"/> Construction Firm | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Law Firm | <input type="checkbox"/> Trade Association |
| <input type="checkbox"/> Design-Build | <input type="checkbox"/> Media | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Photography | <input type="checkbox"/> Other |
| <input type="checkbox"/> Engineering Firm | <input type="checkbox"/> Product Manufacturer | |

Payment Information

- \$500 - Affiliate Membership (1 Primary Member)
- \$200 - Each Additional Membership

Total Enclosed

\$

 Additional Member Name

Email Address

- Check enclosed (payable to AIA Columbus)
- Credit Card (VISA or MasterCard - please circle one)


 Card Number

Expiration Date

CVV

 Cardholder

Signature

 *AIA Columbus Allied Membership is applicable only to this local Chapter and not associated with the state or national component. This is an annual membership, from January 1-December 31. By signing below, you hereby apply for Allied Membership with the Columbus Chapter of the American Institute of Architects. Please remit signed form to address below.

 Signature

Date