

Virginia Society of the American Institute of Architects

Allied Membership Application – Calendar Year 2006

Created to promote communications among all members of the design and construction team, 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.

Name			Title
Company			
Mailing Address			
City	State	Zip	
Phone	Fax	Email	

Company Information

Please check the profession you represent:

- | | | | |
|--|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> engineering | <input type="checkbox"/> planning | <input type="checkbox"/> landscape architecture | <input type="checkbox"/> artist |
| <input type="checkbox"/> publishing | <input type="checkbox"/> consulting | <input type="checkbox"/> interior design | <input type="checkbox"/> contractor |
| <input type="checkbox"/> product manufacturing | <input type="checkbox"/> other _____ | | |

Payment Information

Membership is required in the Society and at least one local chapter. Your primary chapter will be the one which represents the geographic location of your Virginia office. For details as to territory of each chapter, contact VSAIA.

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|--|--------|--|
| <input type="checkbox"/> Virginia Society AIA | \$280. | |
| Plus (select the chapter(s) you choose for membership) | | |
| <input type="checkbox"/> Blue Ridge Chapter AIA | \$ 75. | All dues are 25% reduced if you join in the second quarter of the year and 50% off in the third quarter. |
| <input type="checkbox"/> Hampton Roads Chapter AIA | \$150. | |
| <input type="checkbox"/> Richmond Chapter AIA | \$ 75. | |
| <input type="checkbox"/> Northern Virginia Chapter AIA | \$200. | |
| <input type="checkbox"/> Central Virginia AIA | \$ 25. | |
| <input type="checkbox"/> Check is enclosed made payable to the Virginia Society AIA | | |
| <input type="checkbox"/> Charge: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | | |

Account number	Expiration date
Authorized signature	

I declare that this information is accurate and complete. I understand that as an allied member I will be subject to the duties, obligations, and responsibilities set forth in the relevant portions of the VSAIA bylaws.

Signature	Date
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