

New member
 Former Member
Mbr. No.: _____



The American Institute of Architects Student Affiliate Membership Application

Personal Information *(please print clearly)*

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

School Name

School Address City State ZIP

Home Address (include apt. number) City State ZIP

Home Phone Home Fax

E-mail

Preferred Address: *(check one)* School Home

I am in the following year of school: 1st 2nd 3rd 4th 5th postgraduate other _____

My anticipated date of graduation is: _____

I am am not a member of my school's Association of Student Chapters/ AIA Chapter or an affiliate member of ASC/AIA.

I am am not a member of The AIAS.

Dues Enrollment

Please contact your local chapter to determine your current membership dues.

Local Student Membership Dues = _____

Please assign me to the following local AIA component: _____

Method of Payment *(Please submit full payment of your membership dues)*

Check enclosed (payable to The American Institute of Architects)

Charge my Visa MasterCard AmEx

Card number Expiration date

Cardholder Billing ZIP code Signature

**Please return completed application
and payment to your local chapter.**

_____	_____
Component Executive Signature	Date
_____	_____
Component Name	