



# THE AMERICAN INSTITUTE OF ARCHITECTS

## APPLICATION FOR ALLIED MEMBER

Mr.  Mrs.  Ms. \_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Business Name Your Title (please be specific)

\_\_\_\_\_  
Business Address City / State Zip Code

( ) ( )  
Business Phone Number Business Fax Number E-mail Address

\_\_\_\_\_  
Home Street Address City / State Zip Code

FOR MAILINGS, please use my  business  home address I am a citizen of \_\_\_\_\_ (country)

**I do not hold a certificate of registration as an architect nor a license to practice architecture.**

My profession is \_\_\_\_\_, and I am registered or licensed to practice my profession in the following states (indicate the first year registered in each):

\_\_\_\_\_

I am currently a member of the following professional organizations: \_\_\_\_\_

\_\_\_\_\_

Honorable standing in your profession and community is verified by the following sponsors, who are AIA members in good standing and who must be available for contact by the local chapter.

\_\_\_\_\_  
Name Phone Chapter Years Known Signature

\_\_\_\_\_  
Name Phone Chapter Years Known Signature

I declare that I will comply with the Bylaws, the Rules and Regulations, and the Rules of Conduct of the Chapter and that I understand the duties and obligations there under to be undertaken by me. I am not indebted to The Institute or to any of its component organizations. I certify that each and all of the foregoing statements are true and correct.

I have enclosed my checks for \$ \_\_\_\_\_ / \$ \_\_\_\_\_ (payable to the State Office and Local Chapter) being prepayment of first annual dues. I understand that this amount will be returned to me if I am not admitted.

I, the undersigned, hereby apply for admission to Allied Membership in AIA Louisiana and \_\_\_\_\_ of The American Institute of Architects. Payments to The American Institute of Architects and to state and local components are **not** deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date