

THE AMERICAN INSTITUTE OF ARCHITECTS

TO EXECUTIVE COMMITTEE
SAN FERNANDO VALLEY
CHAPTER



DATE: _____
RECEIVED: _____
GRANTED: _____

APPLICATION FOR ALLIED AFFILIATE

The applicant does not hold a certificate of registration as an architect nor a license to practice architecture and may only identify a relationship to the AIA as an Allied Affiliate member of the AIA/San Fernando Valley Chapter

Mr./ Mrs./ Miss/ Ms. _____
(Individuals Name)

(Individuals Home Address)

(_____) _____
(Home Telephone)

(_____) _____
(Home Fax)

(Business Name)

(Your Title – Specific)

(Business/Office Address)

(_____) _____
(Business Telephone Number)

(_____) _____
(Business Fax Number)

Send all mail to Home

Send all mail to Office

My occupation / profession is: _____

I am registered or licensed (Yes) (No). If Yes I am registered or licensed in the following states: _____

Description of my Company Business: _____

I am currently a member of the following Organizations: _____

Enclosed is my check for \$200.00, payable to the AIA, for the first years dues.

For Federal income tax purposes, payments made to the AIA and its State/local components are not deductible as charitable contributions but may be deductible as trade or business expenses, except for the percentage expended on lobbying. Accordingly, the non-deductible portion of the San Fernando Valley Chapter dues is _____ percent. Please consult your tax advisor for additional information.

I declare that I will comply with the Bylaws and the Rules and of the Chapter and I understand the duties and obligations thereunder to be undertaken by me. I incur no obligation to the AIA or any of its component organizations other than the San Fernando Valley Chapter. I certify that each and all of the foregoing statements are correct and true.

Applicant Name

Applicant Signature

Date