

# AIANJ Allied Individual Membership Application

Allied Membership is for individuals employed outside of the architectural practice but who are involved in a position allied to the field of architecture.

NAME: \_\_\_\_\_

TITLE & POSITION: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## COMPANY INFORMATION

PLEASE CHECK THE APPROPRIATE CATEGORY:

- |                                                |                                          |
|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Product Manufacturing | <input type="checkbox"/> Engineering     |
| <input type="checkbox"/> Consulting            | <input type="checkbox"/> Contractor      |
| <input type="checkbox"/> Service Provider      | <input type="checkbox"/> Engineer        |
| <input type="checkbox"/> Landscape Design      | <input type="checkbox"/> Interior Design |
| <input type="checkbox"/> Other                 |                                          |

DESCRIPTION OF PRODUCTS AND SERVICES:

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### Dues Table

**State Dues** \$265

### Local Dues

Architects League	\$350
Central Jersey	\$55
Jersey Shore	\$75
Newark & Suburban	\$350
South Jersey	\$250
West Jersey	Contact Chapter President

\*\*LOCAL SECTION - Name of Local AIA sections to which you would like to be assigned (see dues table and map)

- |                                            |                                         |                                       |                                            |
|--------------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Architects League | <input type="checkbox"/> Central Jersey | <input type="checkbox"/> Jersey Shore | <input type="checkbox"/> Newark & Suburban |
| <input type="checkbox"/> South Jersey      | <input type="checkbox"/> West Jersey    |                                       |                                            |

DECLARE THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check enclosed. (Make check for AIA dues payable to the American Institute of Architects)

Charge my  Visa  Amex  Mastercard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total Charges \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Billing Address (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fees are not deductible as charitable contributions for federal income tax purposes, but maybe deductible as a business expense.

Return applications or forward any questions to: **Kelly Biddle**, AIANJ  
414 River View Plaza, Trenton, NJ 08611-3420 • Phone: 609-393-5690 Fax: 609-393-9891