



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 OF APPLICANT: _____

PRIMARY CONTACT(if different from applicant): _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

Dues Table

State Dues \$265

Local Dues

Architects League \$350

Central Jersey \$55

Jersey Shore \$75

Newark & Suburban *Contact Julie Pagnotta (admin@aians.org)*

South Jersey *Business Allied Membership* \$350

Professional Allied Membership (engineer, interior designer, etc) \$150

West Jersey *Contact Jessica O'Donnell (jodonnell@kitchenandassociates.com)*

TOTAL: \$ _____

DESCRIPTION OF PRODUCTS AND SERVICES:

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: _____ Code: _____

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.