

New member
 Former Member
Mbr. No.: _____



Chapter Allied Membership Application

Personal Information *(please print clearly)*

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

Job Title

Company/Firm Name Company Acronym

Office Address (include suite number) City State ZIP

Home Address (include apt. number) City State ZIP

Main Company Phone Company Web Site

Direct Office Phone Extension Fax Office E-mail

Preferred Address: *(check one)* Office Home

Dues Enrollment

Membership dues are calculated on a calendar year, January through December. New member dues are prorated quarterly.

Please contact AIA Palomar to determine your prorated discount.

Chapter Allied Membership Annual Dues are \$65.00

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

Check enclosed (payable to AIA Palomar)
 Charge my Visa MasterCard AmEx

Card number Expiration date

Cardholder Billing ZIP code Signature

Please return completed application and payment to your local chapter:

AIA Palomar
P.O. Box 1071
Fresno, CA 93714
559.227.1463 fax

_____	_____
Component Executive Signature AIA Palomar	Date

Component Name	