

New member  
 Former Member  
Mbr. No.: \_\_\_\_\_



## Professional Affiliate Membership Application

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### 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

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### 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.**

**Professional Affiliate Membership Annual Dues are \$125.00**

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### 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	