



AIA Illinois

A Council of The American Institute of Architects

Allied Membership Application

Allied members are employed outside of traditional architectural practice, but are involved in positions allied to the field. They have an established professional reputation, and include engineers, planners, landscape architects, and those involved in manufacturing or industry. Allied Members also include those employed by firms in the construction industry who are engaged in research, design, development, testing, manufacturing, distribution, or training. Individuals must not be otherwise eligible for membership in AIA Illinois.

Primary Member

Mr. Mrs. Ms. First Name Last Name

Job Title E-mail

Second Member (Corporate Allied Membership Only)

Mr. Mrs. Ms. First Name Last Name E-mail

Third Member (Corporate Allied Membership Only)

Mr. Mrs. Ms. First Name Last Name E-mail

Fourth Member (Corporate Allied Membership Only)

Mr. Mrs. Ms. First Name Last Name E-mail

Company Information

Company Name

Office Address (include suite number) City State ZIP

Office Phone Fax Company Web Site

Company Information - Please check the profession that you represent:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Engineering | <input type="checkbox"/> Media | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Financial / Insurance | <input type="checkbox"/> Planning | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Contracting | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Product Manufacturing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Education | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Product Supplier | |

Payment Information

AIA Illinois **Individual** Allied Membership - \$150

AIA Illinois **Corporate** Allied Membership - \$500

The membership year is from July-June. New member rates are prorated quarterly.

Check enclosed made payable to: **AIA Illinois**

Visa MC Discover AMEX

Card Number Exp. Date Security Code (last 3 digits on back of card)

Cardholder (name on front of card) Signature

I declare that the information provided is accurate and complete. I understand that as an Allied member, I will be subject to the benefits, duties, obligations, and responsibilities set forth in the relevant portions of the AIA Bylaws.

Signature Date

Please return the completed application to:

AIA Illinois - Allied Membership
1 Old State Capitol Plaza N., Ste. 300
Springfield, Illinois 62701-1323
Fax: 217-522-5370

Please contact Eric Klinner with any questions:

Phone: (217) 522-2309
E-mail: eklinner@aiaill.org