

# 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                 |  |

## Dues Table

**State Dues** \$265

### Local Dues

Architects League \$250

Central Jersey \$55

Jersey Shore \$50

Newark & Suburban \$250

South Jersey \$50

West Jersey Contact Chapter President

DESCRIPTION OF PRODUCTS AND SERVICES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- Architects League     Central Jersey     Jersey Shore     Newark & Suburban  
 South Jersey     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                       Mastercard

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

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

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