



**APPLICATION FOR PROFESSIONAL ALLIED MEMBERSHIP
ORLANDO CHAPTER**

Return this form & dues payments to: AIA Orlando Chapter, 930 Woodcock Road, Suite 226, Orlando, FL 32803.
Phone (407) 898-7006, Fax (407) 898-3399, Email (karen@aiaorlando.com).

1. Name _____
2. Business Name _____
3. Business Address _____

4. Business Phone _____ Fax No.: _____ Email: _____
5. Your Title/Position _____
6. I do not hold a certificate of registration as a licensed architect in any U.S. State, or country. I am ineligible for membership in any other membership category and meet one or more of the following requirements: Employed outside the architectural practice, but am involved in positions allied to the field of architecture, i.e. landscape architect, engineer, construction, marketing, artist, photographer, journalist, government. Employed by firms in the construction industry engaged in the research, design, development, testing, manufacture, distribution or training for building and construction industry products, services or systems.
7. My profession is _____. I am licensed to practice in the following states: _____. Enclose business card.
8. I am also a member of the following professional organizations _____

9. Name of AIA member who referred me (if applicable) _____
10. I herewith enclose my annual dues per attached dues schedule for ___ State dues and ___ Chapter dues.
11. I declare that I will comply with the Bylaws, rules and regulations of the Chapter. I certify the foregoing statements to be true and correct.
12. I hereby apply for admission in the Professional Allied membership category in the Orlando Chapter of the American Institute of Architects. Dues and payments to the AIA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the IRS Code.

Applicant Signature

Date

AIA ORLANDO USE ONLY:

Local Authorized Signature/Date