



PROFESSIONAL AFFILIATE MEMBERSHIP

Application

Name Date of Birth

Business Name Your Title (please be specific)

Business Address City State Zip Code

Business Phone Number Email Address

I do not hold a certificate of registration as an architect nor a license to practice architecture.

My profession is _____, and I am registered or licensed to practice my profession in the following states (indicate the first year registered in each):

I am currently a member of the following professional organizations: _____

Honorable standing in your profession and community is verified by the following sponsor, who is an AIA member in good standing and who must be available for contact by the local chapter.

Name Phone Chapter Years Known

I have enclosed my checks, or made payment online, for \$ _____ (payable to AIA New Orleans) being payment of annual dues. I understand that this amount will be returned to me if I am not admitted.

I declare that I will comply with the Bylaws, the Rules and Regulations, and the Rules of Conduct of the Chapter and that I understand the duties and obligations there under to be undertaken by me. I am not indebted to the AIA New Orleans. I understand that this application is for the AIA New Orleans only and that this membership is fully separate from any Affiliate Membership at any other Local or State Chapter, or AIA National. I understand that I certify that each and all of the foregoing statements are true and correct.

I, the undersigned, hereby apply for admission to Professional Affiliateship in the New Orleans Chapter of The American Institute of Architects. Payments to The AIA New Orleans are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

Signature Date