AIA CHICAGO PROFESSIONAL AFFILIATE: FIRM MEMBERSHIP APPLICATION

Professional Affiliate Firm members must be registered to practice their professions where such requirements exist, with established professional reputations. They may be engineers, planners, landscape architects, sculptors, muralists and other artists, professionals in government, education, industry, research and journalism, and/or others whom AIA Chicago believes will provide a meaningful contribution by virtue of their employment or profession. Professional Affiliates cannot be individuals licensed to practice architecture.

- Up to three employees in each firm are entitled to member benefits: discounted rates for program attendance, discounts on documents and other publications, member rates on mailing list purchases and Web site listings, and subscriptions to the Chapter newsletter and mailings.
- Each additional individual per firm wishing to join as a Professional Affiliate may do so at a reduced dues rate
 of \$175.00 annually.
- One primary contact, designated on the application, will receive the membership renewal invoice, and will be responsible for dues payment. The primary contact may be changed at any time.

PRIMARY CONTACT INFORMATION:

Mr / Ms	First Name	Last Name	Date of Birth
Address 1 (Business Name if mail is to	go to a business address)	
Address 2 (Street Address)		Suite Number/Apt.
City		State	Zip
Telephone		Fax	E-Mail
SECOND	CONTACT (if applic	able):	
Mr / Ms	First Name	Last Name	Date of Birth
Address 1 (Business Name if mail is to	go to a business address)	
Address 2 (Street Address)		Suite Number/Apt.
City		State	Zip
Telephone		Fax	E-Mail

THIRD CONTACT (if applicable):

Mr / Ms	First Name	Last Name	Date of Birth
Address 1 (Business Name if mail is to	go to a business address)	
Address 2 (Street Address)		Suite Number/Apt.
City		State	Zip
Telephone		Fax	E-Mail
		DUES RATE: <i>\$575.00 annually</i> ore) - \$175.00 per member.	
PAYMEN	T OPTIONS:		
		nd send via fax (312-670-2422) to the atte	ention of Steve Riforgiato, or e-mail
Check one	: () American Express	() Visa () Ma	sterCard
Card #			Expiration Date
Total Amou	nt CVV/C	VC Code Signature	
<u>Check:</u> Please mak	re all checks payable to Al,	A Chicago. Print and mail form to:	
		AIA Chicago 35 E. Wacker Dr., Suite 250 Chicago, IL 60601 Attn: Steve Riforgiato	
state and loca		as charitable contributions for federal income tax	nts to the American Institute of Architects and to the purposes. However, they may be deductible under
Applicant's	Signature		Date