



AIA Central Illinois

A Council of The American Institute of Architects

Individual 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, sculptors, muralists, artists, and others in government, education, journalism, 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 Central Illinois.

Individual Allied Member Information:

Mr. Mrs. Ms.	First Name	Last Name
Job Title		E-mail
Home Address		
City	State	Zip
Home Telephone	Send all mail to Home or Company?	

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 Central Illinois Individual Allied Membership - Dues \$85. Membership is based on a calendar year from January – December. The rates reflected here are in effect until 12/31/2012

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

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 Central Illinois Bylaws.

Signature

Date

Please note that this membership is through AIA Central Illinois, other allied memberships are available at the state and national level. Refer to the membership information section at www.aiaci.org for additional information on membership benefits and opportunities

Please return the completed application with payment to:

AIA Central Illinois – Individual Allied Membership
PO Box 97
Normal, Illinois 61761-0097

Please email Don Bruce with any questions:

E-mail: dbruce@aiaci.org
Include "AIACI Allied Membership" in the subject line

