



AFFILIATE MEMBER APPLICATION

If you are not an Architect or an architectural student, but are involved as a professional in the architectural community, the Cincinnati Chapter of the American Institute of Architects extends this invitation for Affiliate Membership.

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Authorized Representative: _____

References: 1. _____
Architects who
are AIA Members 2. _____

I understand that this application provides membership only in the Cincinnati Chapter, and agree to abide by the bylaws of the Cincinnati Chapter of the American Institute of Architects if this application is approved by the Board of Directors. I further understand that an Affiliate Member may not print or permit to be printed or in any way use the name, title, initials, seal, symbol, or insignia of any Chapter of The Institute.

Enclosed is my annual dues payment of \$258.67.

Signature: _____ Date: _____

Board Action: _____ Date: _____

Method of Payment: Check (payable to AIA Cincinnati) Amex MC Visa

Credit Card No.: _____ Expir. Date: _____

Name on Card: _____

Signature: _____

Affiliate Member Benefits:
AIA document discounts
Sponsorship opportunities
Member rates on Chapter meetings & events
Committee volunteer opportunities

Mail application and payment to: AIA Cincinnati
P.O. Box 889
Milford, OH 45150
P: 513.421.4661; F: 513.421.4665
E: aiacinti@fuse.net
www.aiacincinnati.org