



# AIA Las Vegas Allied Membership Application

- New member  
 Former member

**Personal Information** *(Print your name clearly.)*

Mr. Mrs. Ms.	First name	M.I.	Last name	
Home address			Apartment number	
City		State	ZIP	Country
Home phone		Home fax	Cell phone	
Date of birth		Home e-mail		

Company name/acronym			Job title	
Company address			Suite/floor number	
City		State	ZIP	Country
Company phone	Company fax	Company e-mail	Company Web address	

**Preferred address** *(check one)*

Mail (for print materials including):  Home OR  Office

E-mail (for correspondence):  Home OR  Office

I do not wish to be listed in any membership list sold by the AIA to third parties.

Allied Dues	Joining between 10/1/18–3/31/19		Joining between 4/1/19–6/30/19		Joining between 7/1/19–9/30/19
Local	\$400.00	Local	\$300.00	Local	\$200.00
TOTAL DUES	\$ 400.00	TOTAL DUES	\$ 300.00	TOTAL DUES	\$ 200.00

**Method of Payment**

Submit full payment of your local membership dues. Dues are not a tax-deductible donation but may be eligible as a business expense deduction.

Check enclosed *(payable to AIA Las Vegas)* Charge my:  Visa  MasterCard  AmEx

Card number	Expiration date	Security Code
Cardholder	Signature	

**Return to:**  
 Las Vegas AIA  
 401 S. 4th Street, Suite 175  
 Las Vegas, NV 89101  
 E-mail to: crichardson@aianeveda.org