



New member  
 Former member \_\_\_\_\_  
**Member ID**

## Corporate Allied Membership Application

Corporate Allied membership is open to firms in industries related to architecture, such as engineering, planning, landscape architecture, manufacturing and the arts. Applicants cannot be architecture firms.

### Primary Contact 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 (Optional) | Home e-mail |            |                  |  |

### Company Information

|                      |             |                    |                     |  |
|----------------------|-------------|--------------------|---------------------|--|
| Company name/acronym |             | # of Employees     |                     |  |
| 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):     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.

### Professional Information *(Check the profession that you represent.)*

- |   |   |
|---|---|
| <input type="checkbox"/> Engineer               | <input type="checkbox"/> Landscape architecture |
| <input type="checkbox"/> Publishing             | <input type="checkbox"/> Interior design        |
| <input type="checkbox"/> Product Manufacturing  | <input type="checkbox"/> Law firm               |
| <input type="checkbox"/> Real Estate            | <input type="checkbox"/> Construction Company   |
| <input type="checkbox"/> Planning               | <input type="checkbox"/> Art                    |
| <input type="checkbox"/> Consulting             | <input type="checkbox"/> Contracting            |
| <input type="checkbox"/> Education              | <input type="checkbox"/> Technology             |
| <input type="checkbox"/> Landscape architecture | <input type="checkbox"/> Other _____            |

#### Are you a member of any of the following professional organizations?

- GCBI LEED AP # \_\_\_\_\_  
 USGBC National Member (Company)  
 USGBC Local Member (Individual)

#### I was referred to join the AIA by *(check only one)*:

- Local chapter  
 State chapter  
 National advertisement  
 AIA member \_\_\_\_\_

### Firm Profile

I understand it is my responsibility to set up and maintain my firm's profile with AIA San Francisco in order to be listed on the AIA San Francisco online firm directory.

Contact [membership@aia.org](mailto:membership@aia.org) or (415) 874-2630 to set up your firm profile.

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**Corporate Allied Membership Dues**

Membership is based on a calendar year from January to December. New and reinstated member dues are prorated quarterly.

| Joining between<br>10/1/18–3/31/19 | Joining between<br>4/1/19–6/30/19 | Joining<br>between<br>7/1/19–9/30/19 |
|------------------------------------|-----------------------------------|--------------------------------------|
| <b>\$1188</b>                      | <b>\$891</b>                      | <b>\$594</b>                         |

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**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. **All payments and refunds are processed by the AIA National office.**

Check enclosed (*payable to the **American Institute of Architects San Francisco***) Charge my:  Visa  MasterCard  Discover

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Card number

Expiration date

CVV

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Cardholder

Signature

Billing Zip Code

**Please let us know who pays your professional AIA membership dues? (Please check one)**

- Firm/Company  
 Myself  
 Partial payment from Firm/Company

**Return to:**

ATTN: Membership  
AIA San Francisco  
130 Sutter Street, Suite 600  
San Francisco, CA 94104  
E-mail to [membership@aiasf.org](mailto:membership@aiasf.org)

*Please allow 6-8 weeks from receipt of your application for processing. Your membership is valid from the time your application is received by AIA San Francisco, given that your application is completed and includes valid payment information. After your application is processed, you will receive an e-mail confirmation.*