



WMAIA AFFILIATE MEMBERSHIP APPLICATION 2010

AMERICAN INSTITUTE OF ARCHITECTS – WESTERN MASSACHUSETTS CHAPTER

Name _____

Firm (if applicable) _____

Contact Address _____

Telephone/Fax _____

Email _____

Affiliate Membership Dues

\$250 * Corporate Affiliate Member - Corporate member.

\$100 * Individual Affiliate - Allied design professional doing business as a sole proprietor.

**Note: Because membership runs on a calendar year, dues amounts will be pro-rated when joining during the year as follows: 1st quarter 100%, 2nd quarter (beginning April 1) 75%, 3rd quarter (beginning July 1) 50%, 4th quarter (beginning October 1) 100% (applicant will receive member benefits through December of the following year).*

For corporate affiliates, membership benefits will be extended to two additional individuals at your company. Please list them here:

Payment Method

Check enclosed for \$_____ payable to Western Massachusetts AIA

Charge \$_____ to my ___Visa ___ MasterCard ___ American Express

Card # _____ Exp.Date ____/____

Print name exactly as it appears on card

Date _____

Signature _____

Please mail this form with your payment to:
Treasurer ▪ WMAIA ▪ 52 Broad Street ▪ Boston, MA 02109-4301