

AIA VERMONT

APPLICATION FOR PROFESSIONAL AFFILIATE MEMBERSHIP

Name _____

Firm or Organization _____

Position/Title _____

Address _____

Street

Suite

City

State

Zip

Phone: _____ E-mail: _____ Web Site: _____

E-mail of 2nd Contact(Multiple Employee Level Only) _____

1. I do not hold a certificate of registration as an architect nor a license to practice architecture
2. My profession is _____.
3. I declare that I will comply with the Bylaws, the Rules and Regulations of AIA Vermont and that I understand the duties and obligations there under to be undertaken by me.
4. I enclose my check payable to AIA Vermont being payment of first annual dues for:
___\$ 99.00 for Single Employee Business ___\$ 129.00 for Multiple Employee Business
___ I am also interested in the placement of an image (e.g., logo, product photo) next to my listing on the AIA- Vermont website for an additional \$95, annually.

Payments to AIA Vermont are not deductible as charitable contributions for federal income tax purposes. However, such payments may be deductible under other provisions of the Internal Revenue Code.

Signature

Date

Please return your membership application to:

Carol Miklos, Executive Director
AIA Vermont
88 Blackbird Lane
Charlotte, VT 05445

Fx: 802 425 6165

Scan: cmiklos@aiavt.org