



Allied Membership is for individuals employed outside of the architectural practice but who are involved in a position allied to the field of architecture.

NAME OF APPLICANT: \_\_\_\_\_

PRIMARY CONTACT(if different from applicant): \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

**Dues Table**

**State Dues**

\$265

**Local Dues**

Architects League

\$350

Central Jersey

\$55

Jersey Shore

\$75

Newark & Suburban

Contact Julie Pagnotta

(admin@aians.org)

South Jersey

Contact Joyce Scatuccio

(joycescatuccio@hotmail.com)

West Jersey

Contact Jessica O'Donnell

(jodonnell@kitchenandassociates.com)

TOTAL:

\$ \_\_\_\_\_

DESCRIPTION OF PRODUCTS AND SERVICES:

\_\_\_\_\_  
\_\_\_\_\_

DECLARE THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check enclosed. (Make check for AIA dues payable to the American Institute of Architects)

Charge my  Visa  Amex  Mastercard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Total Charges \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Billing Address (if different from above):

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fees are not deductible as charitable contributions for federal income tax purposes, but maybe deductible as a business expense.