

AIA Alaska

A Chapter of the American Institute of Architects



Professional and Allied Affiliate Membership Application

Professional Affiliate: Allied Affiliate: Date: _____

Name: _____

Profession / Field or degree _____ (for Prof. Affiliates)

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Website/URL: _____

Please return a copy of this application and a check for **\$250** for your annual dues payment to:

AIA Affiliate Memberships
P.O. Box 244141
Anchorage, Alaska 99524-4141

Credit Card Payments may be faxed or scanned and emailed:

Type of card: Visa MasterCard American Express Discover

Card Number:

Exp. Date (MM/YY): / CVV code:

Name on Card: Signature:

Questions? Contact Angie Monteleone, Executive Director at
(907) 276-2834 or by e-mail at amonteleone@aiaalaska.org