AIA CHICAGO
PROFESSIONAL AFFILIATE: FIRM MEMBERSHIP APPLICATION

Professional Affiliate Firm members must be registered to practice their professions where such requirements exist, with established professional reputations. They may be engineers, planners, landscape architects, sculptors, muralists and other artists, professionals in government, education, industry, research and journalism, and/or others whom AIA Chicago believes will provide a meaningful contribution by virtue of their employment or profession. Professional Affiliates cannot be individuals licensed to practice architecture.

- Up to three employees in each firm are entitled to member benefits: discounted rates for program attendance, discounts on documents and other publications, member rates on mailing list purchases and Web site listings, and subscriptions to the Chapter newsletter and mailings.
- Each additional individual per firm wishing to join as a Professional Affiliate may do so at a reduced dues rate of $175.00 annually.
- One primary contact, designated on the application, will receive the membership renewal invoice, and will be responsible for dues payment. The primary contact may be changed at any time.

**PRIMARY CONTACT INFORMATION:**

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<tr>
<th>Mr / Ms</th>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
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Address 1 (Business Name if mail is to go to a business address)

Address 2 (Street Address)          Suite Number/Apt.

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<tr>
<th>City</th>
<th>State</th>
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Telephone          Fax          E-Mail

**SECOND CONTACT (if applicable):**

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Telephone          Fax          E-Mail
THIRD CONTACT (if applicable):

Mr / Ms  First Name  Last Name  Date of Birth

Address 1 (Business Name if mail is to go to a business address)

Address 2 (Street Address)  Suite Number/Apt.

City  State  Zip

Telephone  Fax  E-Mail

PROFESSIONAL AFFILIATE DUES RATE: $550.00 annually
Each additional member (4 or more) - $175.00 per member.

PAYMENT OPTIONS:

Credit Card:
Please fill out the information below and send via fax (312-670-2422) to the attention of Steve Riforgiato, or e-mail (riforgiatos@aiachicago.org)

Check one:  ( ) American Express  ( ) Visa  ( ) MasterCard

Card # ___________________________ Expiration Date ________________

Total Amount __________ Signature ________________________________

Check:
Please make all checks payable to AIA Chicago. Print and mail form to:

AIA Chicago
35 E. Wacker Dr., Suite 250
Chicago, IL 60601
Attn: Steve Riforgiato

I, the undersigned, hereby apply for an AIA Chicago Professional Affiliate membership. Payments to the American Institute of Architects and to the state and local components are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

Applicant’s Signature ___________________________ Date ________________

10/12