☐ New member
☐ Former Member
Mbr. No.: _____

The American Institute of Architects, Central Valley Chapter
Student Affiliate Membership Application

Personal Information *(please print clearly)*

☐ Mr. ☐ Mrs. ☐Ms. First Name M.I. Last Name

School Name

School Address City State ZIP

Home Address (include apt. number) City State ZIP

Home Phone Home Fax

E-mail

Preferred Address: *(check one)* ☐ **School** ☐ **Home**

I am in the following year of school: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ postgraduate ☐ other _____

My anticipated date of graduation is: _____

I ☐ am ☐ am not a member of the AIAS (American Institute of Architectural Students.)

Dues Enrollment

Please assign me to the following local AIA component: CACV

☐ I've enclosed a copy of my current and valid student ID, or other proof of student status.

Student Dues	Joining between 10/1/17–3/31/18	Joining between 4/1/18-6/30/18	Joining between 7/1/18-9/30/18
CACV	$0.00	$0.00	$ 0.00

2015 Student Membership for the AIACV chapter is free

Applicant's Signature

Return to:
AIA Central Valley
1400 S Street, Suite 100
Sacramento, CA 95814
Fax to 916-444-3005
E-mail to info@aiacv.org

Office Use Only

Component executive signature Date CACV Component name

Notes: