

- 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 10/1/15-3/31/16	Joining between 4/1/16-6/30/16	Joining between 7/1/16-9/30/16
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@aiaacv.org

Office Use Only		
_____ Component executive signature	_____ Date	<u>CACV</u> _____ Component name
Notes: _____		