

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 Fa	ax
E-mail	
Preferred Address: (check one)	
I am in the following year of school: $\Box 1^{st}$ $\Box 2^{nd}$ $\Box 3^{rd}$ $\Box 4^{tt}$	^h □ 5 th □ postgraduate □ other
My anticipated date of graduation is:	
I am am not a member of the AIAS (American Institute of Arch	hitectural Students.)

Dues Enrollment

Please assign me to the following local AIA component: CACV

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

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

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		
		CACV
Component executive signature	Date	Component name
otes:		