

2020 Application for Participating Membership



AIA
Connecticut

A Chapter of The American Institute of Architects

370 James Street, New Haven, Connecticut 06513

203.865.2195

E-Mail: gcalabro@aiact.org

Website: www.aiact.org

Name _____

Home Add/City/State/Zip _____

Phone Number (____) _____ Home Email _____

Firm Name _____

Firm Add/City/State/Zip _____

FirmPhone Number (____) _____ Work Email _____

Send all mail to: Home Firm

This category of membership is for individuals who are employed by a member firm, are not licensed architects or graduates of a school of architecture. Participating members may attend all AIA Connecticut events at the discounted member price level and will receive all AIA Connecticut mailings including the newsletter. This category has been created to encourage the membership of technical and support staff of AIA Connecticut member firms.

Membership Cost: \$120.00 per annum 2020

AIA Connecticut by-laws Section 2.4.3. Affiliates states:

.1 *Definition. Affiliates are non-architects, registered to practice their professions where such requirements exist with established professional reputations. Affiliates may include engineers, planners, landscape architects, sculptors, muralists and other artists, professionals in government, education, industry, research and journalism, and/or others who this Chapter believes will provide a meaningful contribution by virtue of their employment or profession and who are not otherwise eligible for Institute membership.*

.2 *Rights and Privileges. Affiliates in good standing:*

.2.1 *May serve as a member of any committee of this Chapter that does not perform any duty of the Board of Directors;*

.2.2 *May attend and speak but may not make motions nor vote at any meeting of this Chapter;*

.2.3 *Shall not be eligible to serve as an officer or director or to chair a committee of this Chapter;*

.2.4 *May not use the initials AIA or the phrase The American Institute of Architects alone or otherwise, nor the seal, symbol or insignia of this Chapter of the Institute.*

Method of Payment

Check enclosed. (Make check for AIA Connecticut dues payable to "AIA Connecticut")

Charge my: Visa MasterCard American Express

Card# _____ Expiration Date _____ Sec. Code _____

Total Charge _____ Signature _____

Applicant's Signature

Date

Firm Principal's Signature

Date

AIA Connecticut, 370 James Street, New Haven Connecticut 06513.