

2020 Application for Reciprocal Membership



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 _____

AIA Member # _____

Primary AIA Chapter _____

Home Address City/State/Zip _____

Phone Number ____/____/____ Home Fax ____/____/____

Home Email _____

Firm Name _____

Firm Address City/State/Zip _____

Firm Phone Number ____/____/____ Firm Fax ____/____/____

Firm Email _____

Send all mail to: Home Firm

2020 Membership Dues

Jan 1 to Dec 31	\$250.00
May 1 to Dec 31	\$175.00
September 1 to Dec 31	\$ 115.00

Once you have submitted a participating form you will be invoice for the annual dues the following year.

Method of Payment

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

Charge my: Visa MasterCard American Express

Card# _____ Expiration Date ____/____ Security Code _____

\$ Amount Paid _____

Applicant's Signature

Date

AIA Connecticut 370 James Street, New Haven, Connecticut 06513

