



Created to promote communication among all members of the design and construction team, individual, residential builder, and corporate allied membership are open to engineers, planners, landscape architects, builders, sculptors, muralists, artists, and those in government, education, journalism, manufacturing industry, and other fields allied to architecture. Individuals must not be otherwise eligible for membership in the Institute.

Allied Membership Application

Company Name: _____

Mailing address: _____

Telephone #: _____ / _____ / _____ **Website:** _____

Primary Business Member: _____ **Email:** _____

Company Info (check all that apply)

<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Interior Design	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Publishing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Law Firm	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Product Management	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	
<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Manufacture	<input type="checkbox"/>	Contracting	<input type="checkbox"/>	
<input type="checkbox"/>	Planning	<input type="checkbox"/>	Landscape Architecture	<input type="checkbox"/>	Technology	<input type="checkbox"/>	

Company Services (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Access Controls
<input type="checkbox"/> Air Delivery Services
<input type="checkbox"/> Aluminum and Fencing
<input type="checkbox"/> Appliances
<input type="checkbox"/> Architectural Fabrics
<input type="checkbox"/> Associations/Institutes/Agencies
<input type="checkbox"/> Foundations
<input type="checkbox"/> Audio/Video/Telephone
<input type="checkbox"/> Bath Products/Services/Plumbing
<input type="checkbox"/> Building Products
<input type="checkbox"/> Building Systems
<input type="checkbox"/> Caulks/Coatings/Sealants
<input type="checkbox"/> Ceilings/Ceiling Products
<input type="checkbox"/> Comp/Hardware &Software
<input type="checkbox"/> Concrete
<input type="checkbox"/> Consulting Services
<input type="checkbox"/> Continuing Education
<input type="checkbox"/> Contract Furnishings
<input type="checkbox"/> Conveying Systems
<input type="checkbox"/> Doors
<input type="checkbox"/> Electrical
<input type="checkbox"/> Fencing | <input type="checkbox"/> Finishes
<input type="checkbox"/> Flooring/Floor Systems
<input type="checkbox"/> Glass Products
<input type="checkbox"/> Graphic Supplies/Equipment
<input type="checkbox"/> Insulation
<input type="checkbox"/> Insurance
<input type="checkbox"/> Interior Furnishings and Products
<input type="checkbox"/> Internet Services
<input type="checkbox"/> Kitchen Products
<input type="checkbox"/> Landscape Products
<input type="checkbox"/> Lighting/Lighting Products and Services
<input type="checkbox"/> Lumber/Wood Products
<input type="checkbox"/> Maintenance Equipment
<input type="checkbox"/> Masonry
<input type="checkbox"/> Metals
<input type="checkbox"/> Millwork Molding
<input type="checkbox"/> Paint
<input type="checkbox"/> Paneling
<input type="checkbox"/> Plastics | <input type="checkbox"/> Publications/Publishing
<input type="checkbox"/> Renovation/Restoration Products
<input type="checkbox"/> Roofing
<input type="checkbox"/> Safety Products
<input type="checkbox"/> Security Products
<input type="checkbox"/> Siding
<input type="checkbox"/> Signage
<input type="checkbox"/> Stairways
<input type="checkbox"/> Stone Products and Services
<input type="checkbox"/> Surface Treatments
<input type="checkbox"/> Switches/Controls
<input type="checkbox"/> Tile
<input type="checkbox"/> Vapor Retarders
<input type="checkbox"/> Wallboard/Interior Treatment
<input type="checkbox"/> Water/Treatment Systems
<input type="checkbox"/> Weather Resistant Barriers
<input type="checkbox"/> Window Flashings
<input type="checkbox"/> Windows/Skylights
<input type="checkbox"/> Wiring Devices0
<input type="checkbox"/> Other |
|---|--|--|

Please give a short description of your business (please use a separate sheet of paper if needed):



Created to promote communication among all members of the design and construction team, individual, residential builder, and corporate allied membership are open to engineers, planners, landscape architects, builders, sculptors, muralists, artists, and those in government, education, journalism, manufacturing industry, and other fields allied to architecture. Individuals must not be otherwise eligible for membership in the Institute.

Allied Membership Application

Payment Information - Based on Company Size

- ___ Tier 1: Corporate/Large Business, 50+ employees (Up to 3 Representatives)..... AIA Connecticut Dues Annual -\$1295
- ___ Tier 2: Medium Business, 10 -49 employees (Up to 2 Representatives)..... AIA Connecticut Dues Annual -\$895
- ___ Tier 3: Business with less than 10 employees (One Representative)..... AIA Connecticut Dues Annual - \$595

Membership may designate an additional representatives per Tier:

Second Member: _____ Email: _____

Third Member: _____ Email: _____

AIA Architect Member References

Reference forms found at the end of the application should be emailed two AIA Architect members for their personal references for Allied Membership in the Connecticut Chapter of the American Institute of Architects. These references are required for approval for membership.

Credit Card Payment - Credit Card will not be processed until application is approved.

Address Above

Alternative Billing Address _____ City _____ State _____ Zip _____

Credit Card (Check one.) American Express Discover MasterCard Visa

Card Number _____ Exp. _____ CVC _____ Date _____

Card Holder: Printed Name _____ Signature _____

Allied Membership in AIA signifies that you adhere to a professional code of ethics and share a common goal to support the profession of architecture and to build a better world for all people.

- I. RIGHTS AND PRIVILEGES, ALLIED MEMBERS IN GOODSTANDING:
 - I.1 MAY SERVE AS A MEMBER OF ANY COMMITTEE OF THIS CHAPTER THAT DOES NOT PERFORM ANY DUTY OF THE BOARD OF DIRECTORS;
 - I.2 MAY ATTEND AND SPEAK BUT MAY NOT MAKE MOTIONS OR VOTE AT ANY MEETING OF THIS CHAPTER;
 - I.3 SHALL NOT BE ELIGIBLE TO SERVE AS AN OFFICER OR DIRECTOR OR TO CHAIR A COMMITTEE OF THIS CHAPTER;
 - I.4 MAY NOT USE THE INITIALS AIA, BUT MAY USE **AIA CONNECTICUT ALLIED MEMBER**.

OUR COMPANY UNDERSTANDS THAT WE MAY NOT REFER TO OUR ALLIED STATUS IN ANY WAY THAT MIGHT LEAD THE PUBLIC TO BELIEVE THAT WE ARE ARCHITECTS.

Allied members must comply with the By-Laws of AIA Connecticut. AIA Connecticut may accept or reject allied applications and renewals in its sole discretion, including based on business practices and activities that are detrimental to the mission of AIA Connecticut or to the architectural profession. By submitting this application, the applicant represents that it is not engaged in the practice of architecture in the State of Connecticut.

Applicant's Signature: _____ Date: _____

Please return the completed application to Holly Leonard at hleonard@aiact.org. Once approved by the AIA Connecticut Board of Directors payment is expected and/or processed.



AIA Connecticut

A Chapter of The American Institute of Architects

We are the Professional Organization for Registered Architects

Allied Membership Reference

Name of Company or Individual Applying for Allied Membership

Name of Reference

AIA # AIA Chapter
Reference must be an AIA Member

Email Address

Questionnaire:

How do you know prospective member/company?

How long have you known them?

Have you worked with them? If so, in what capacity?

What projects have you worked on with them? Were they professional?

Please describe your business relationship

Is there any conflict with them being an AIA Connecticut Allied Member; if so, what?

Is there anything else that you would like to add for the Board's consideration?

The aforementioned responses will be held in strictest confidence.

Please Sign

Date

Please email the completed reference form to Holly Leonard, Deputy Director at hleonard@aiact.org



Connecticut

A Chapter of The American Institute of Architects

We are the Professional Organization for Registered Architects

Allied Membership Reference

Name of Company or Individual Applying for Allied Membership

Name of Reference

AIA # AIA Chapter
Reference must be an AIA Member

Email Address

Questionnaire:

How do you know prospective member/company?

How long have you known them?

Have you worked with them? If so, in what capacity?

What projects have you worked on with them? Were they professional?

Please describe your business relationship

Is there any conflict with them being an AIA Connecticut Allied Member; if so, what?

Is there anything else that you would like to add for the Board's consideration?

The aforementioned responses will be held in strictest confidence.

Please Sign

Date

Please email the completed reference form to Holly Leonard, Deputy Director at hleonard@aiact.org