

# 2024 Application for Reciprocal Membership



**Connecticut**

*A Chapter of The American Institute of Architects*

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

**2024 Membership Dues: \$275.00/yr**

## 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, Suite 402**  
**New Haven, CT 06513**

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