

2025 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

203.865.2195

Gina Calabro, Hon. AIACT - gcalabro@aiaact.org

Website: www.aiaact.org