

# 2025 Application for Participating Membership



**Connecticut**

*A Chapter of The American Institute of Architects*

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.

### 2.4.3. Rights and Privileges. *(from AIA Connecticut bylaws)*

Allied members in good standing:

- .1 May serve as a member of any committee of this Component that neither performs any duty of the Board of Directors nor is involved with formal or informal charges of unprofessional conduct.
- .2 May attend and speak but may not make motions nor vote at any meeting of this Component.
- .3 Shall not be eligible to serve as an officer or director or to chair a committee of this Component , except that an Allied member may serve as chair of the Allied Advisory Committee.
- .4 May not use the initials "AIA" nor the phrase "The American Institute of Architects" alone or otherwise, nor the seal, symbol, or insignia of this Component or the Institute, but may use AIA Connecticut Allied Member which title shall not be changed by further abbreviation, amplification, or otherwise, nor shall the words "Student Member" be printed in smaller size type than the remainder of the title; may not use the initials "AIA" nor the phrase "The American Institute of Architects" alone or otherwise except as prescribed above, nor the seal, symbol, or insignia of this Component or the Institute.

**Membership Cost: \$130.00/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 \_\_\_\_\_ Code \_\_\_\_\_

Total Charge \_\_\_\_\_ Signature \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Firm Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AIA Connecticut, 470 James Street, Suite 007, New Haven, CT 06513**

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Website: www.aiact.org