



**AIA Idaho Chapter of The American Institute of Architects
Professional Affiliate Membership Application**

Name _____

Company _____

Type of Business _____

Address _____

City _____ State _____ Zip _____

Office _____

Mobile _____

Email _____

Website _____

We welcome your interest in joining AIA Idaho as a Professional Affiliate Member.
You must join both state and the appropriate section.

Please return your application and your payment check to:

AIA Idaho 11351 W. Trestlewood St Boise ID 83709

Please email annasvidgal@aiaidaho.com for information about website advertisement.

Annual Dues:

State

Idaho \$100.00

Section

Central \$85.00

Eastern \$45.00

Mountain

\$75.00

Northern

\$40.00

Note: Central Section dues include monthly luncheons from September through May.
Dues Proration: After July 1, pay ½ the amount due. After October 1, pay full dues for the upcoming year.

I understand that this application provides membership only in the AIA Idaho Chapter, and agree to abide by the by-laws of the Idaho Chapter of the American Institute of Architects. I further understand that an Affiliate Member may not print or permit to be printed or in any way use the name, title, initials, seal, symbol, or insignia of any Chapter of The Institute.

Signature _____
Date _____



AIA Idaho

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