

**AIA PALM BEACH** A Chapter of the American Institute of Architects  
**504 Pinto Circle**  
**Wellington, Florida 33414**  
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[www.aiapalmbeach.org](http://www.aiapalmbeach.org)

**PROFESSIONAL AFFILIATE MEMBERSHIP APPLICATION**

Created to promote communication among all members of the design and construction team, individual professional affiliate membership is open to engineers, planners, landscape architects, sculptors, muralists, artists, photographers, and those in government, education, journalism, manufacturing, industry and other fields allied to architecture. Individuals must not be otherwise eligible for membership in The American Institute of Architects.

**RIGHTS AND PRIVILEGES OF PROFESSIONAL AFFILIATE MEMBERS**

As regards to membership in the AIA, Professional Affiliate members in good standing must use the following designation after their name to indicate their status within the AIA: "Professional Affiliate of AIA, Palm Beach Chapter"

NAME \_\_\_\_\_ TITLE / POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Company Information**

Please check the profession you represent:

Engineering	Planning	Landscape Architect	Artist
Publishing	Consulting	Interior Design	Contractor
Product Manufacturing	Other _____		

**Payment Information**

**Individual Professional Affiliate Membership in this AIA Chapter is \$ 245. per year.**

**Corporate Professional Affiliate Membership in this AIA Chapter is \$ 350. per year.\***

\*Includes up to 6 members from the same firm. Complete one application per person for contact information and identify one main contact for AIA Palm Beach administrative purposes.

MC Visa Discover American Express / Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security # on back of card: \_\_\_\_\_ Zip code of billing address: \_\_\_\_\_

Cardholder Name (Please Print): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Check Enclosed ~ Payable to: AIA Palm Beach and mail to: 504 Pinto Circle, Wellington, FL 33414.

I declare that this information is accurate and complete. I understand that as a professional affiliate member I will be subject to the duties, obligations, and responsibilities set forth in the relevant portions of the AIA Bylaws.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_