



# Allied Membership Application

- New member
- Former member

## Personal Information *(Print your name clearly.)*

Mr. Mrs. Ms.	First name	M.I.	Last name
Home address			Apartment number
City	State	ZIP	Country
Home phone	Home fax	Cell phone	
Date of birth	Home e-mail		

Company name/acronym			Job title
Company address			Suite/floor number
City	State	ZIP	Country
Company phone	Company fax	Company e-mail	Company Web address

## Preferred address *(check one)*

Mail (for print materials including):  Home OR  Office

E-mail (for correspondence):  Home OR  Office

I do not wish to be listed in any membership list sold by the AIA to third parties.

Allied Dues	Joining between 10/1/22–3/31/23	Local	Joining between 4/1/23–6/30/23	Local	Joining between 7/1/23–9/30/23	Local
Local	\$450.00	Local	\$337.50	Local	Local	\$ 225.00
TOTAL DUES	\$ 450.00	TOTAL DUES	\$ 337.50	TOTAL DUES	TOTAL DUES	\$ 225.00

## Method of Payment

Submit full payment of your local membership dues. Dues are not a tax-deductible donation but may be eligible as a business expense deduction.

Check enclosed *(payable to AIA Las Vegas)* Charge my:  Visa  MasterCard  AmEx

Card number	Expiration date	Security Code
Cardholder	Signature	

**Return to:**  
 Las Vegas AIA  
 1131 S. Casino Center Blvd.  
 Las Vegas, NV 89104  
 E-mail to: [operations@aianeveda.org](mailto:operations@aianeveda.org)

The information gathered by the AIA is used solely for the purpose of fulfilling the AIA's mandate to you. Personal information you provide to the AIA shall not, without your consent, be disclosed to third parties, except as permitted or required by law.