

# AIA Indiana

## 2007 Allied Membership Application

Please circle appropriate category:

<b>Allied PROFESSIONAL</b>	<b>\$ 500</b>
<b>Allied PATRON</b>	<b>\$ 1,000</b>
<b>Allied SPONSOR</b>	<b>\$ 2,500</b>
<b>Allied BENEFACTOR</b>	<b>\$ 5,000</b>

Application is hereby made by the undersigned for Allied Membership affiliation with AIA Indiana. The individual named below will receive all meeting notices, registration forms, requests for information, and other applicable mailings.

Company Name \_\_\_\_\_

Chief Contact Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Website \_\_\_\_\_

***PLEASE PROVIDE YOUR EMAIL ADDRESS. This is our primary form of communications with our members!***

In 50 words or less, please provide a description of the nature of your business and the services or products you provide (information will be reprinted as part of your directory listing).

Please check one:       Check enclosed.       Charge my credit card:

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address where bill is received \_\_\_\_\_

Signature \_\_\_\_\_

Please enclose your check or credit card information and mail to:

AIA Indiana  
Jason Shelly, Executive Director  
50 S Meridian St, Suite 302, Indianapolis, IN 46204  
Phone (859) 223-8201 • Fax (859) 223-8202