



## WMAIA AFFILIATE MEMBERSHIP APPLICATION 2014

Name \_\_\_\_\_

Firm (if applicable) \_\_\_\_\_

Contact Address \_\_\_\_\_

Telephone/Fax \_\_\_\_\_

Email \_\_\_\_\_

### Affiliate Membership Dues

☐ \$260 \* Corporate Affiliate Member - Corporate member.

☐ \$120 \* Individual Affiliate - Allied design professional doing business as a sole proprietor.

*\*Note: Because membership runs on a calendar year, dues amounts will be pro-rated when joining during the year as follows: 1st quarter 100%, 2nd quarter (beginning April 1) 75%, 3rd quarter (beginning July 1) 50%, 4th quarter (beginning October 1) 100% (applicant will receive member benefits through December of the following year).*

For corporate affiliates, membership benefits will be extended to two additional individuals at your company. Please list them here:

\_\_\_\_\_

\_\_\_\_\_

### Payment Method

☐ Check enclosed for \$\_\_\_\_\_ payable to Western Massachusetts AIA

☐ Charge \$\_\_\_\_\_ to my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Card # \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Exp. Date \_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Print name exactly as it appears on card

Date \_\_\_\_\_

Signature \_\_\_\_\_

*Please mail this form with your payment to:*

Treasurer • WMAIA • 290 Congress St., 2<sup>nd</sup> Floor • Boston, MA 02210