



WMAIA AFFILIATE MEMBERSHIP APPLICATION 2020

Name _____

Firm (if applicable) _____

Contact Address _____

Telephone/Fax _____

Email _____

Affiliate Membership Dues

- \$270 * Corporate Affiliate Member - Corporate member.
- \$130 * 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 the same company address. Please list them here:

Name _____ Email _____

Name _____ Email _____

Payment Method

- Check enclosed for \$_____ payable to Western Massachusetts AIA
- Charge \$_____ to my ___Visa ___ MasterCard ___ American Express

Card # _____ Exp.Date ____/____

_____ Security Code: _____
Print name exactly as it appears on card

Date _____

Signature _____

**Please mail this form with your payment to:
WMAIA ▪ c/o Lorin Starr Executive Director ▪ 71 South Main St. ▪ Sunderland MA 01375**