



LRGV-AIA AFFILIATE MEMBERSHIP APPLICATION

MEMBER INFORMATION

Name _____

Firm _____

Business Address _____

City _____

Zip _____

Telephone _____

Fax _____

E-mail _____

Residence Address _____

City _____

Home Telephone (optional) _____

Zip _____

Please check box to indicate at which address you wish to receive chapter mail.

Signature _____

Date _____

DUES INFORMATION

Make Check Payable to LRGV-AIA

Check one:

Joining between
10/1/09-3/31/10

\$175

Joining between
4/1/10-6/30/10

\$131.75

Joining between
7/1/10-9/30/10

\$87.50

Credit cards accepted by telephone.

LRGV-AIA

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