



AIA New Hampshire

2017 Professional Affiliate Membership Application

Professional Affiliate members of AIANH receive the following benefits:

- free listings on the online *Find a Consultant, Service, or Product* page: photos, company description; more...
- invitations to all AIANH events — business and social meetings
- discount on AIANH event sponsorships
- a subscription to the *NH Forum*
- current list of the AIANH Membership List
- opportunity to serve on AIANH committees
- 15% discount on all paper AIA Contract Documents
- free employment ads in the *NH Forum* and on the Web Site
- use the credential “Affiliate AIANH” after your name

Please also consider our Corporate Allied Partner (CAP) program, which includes membership among many other benefits, www.aianh.org/content/sponsorship-advertising.

Dues are \$153 a year and renewable January 1 of each year.

Prorated Dues Schedule — for new members (Members renewing must pay full 100% dues):

Payment Date	Percentage of Dues to be Paid*	Individual Dues	Corporate (up to 3 members)
October 1-March 31	100% (15 mo. for 12)	\$153.00	\$365.00
April 1-June 30	75%	\$114.75	\$273.75
July 1 - September 30	50%	\$76.50	\$182.50

Personal/Company Information

Name _____

Company _____

Street address _____

City/State/Zip _____

Telephone _____ Fax _____ E-Mail _____

Web site address _____ Profession/Trade _____

Enclosed: \$153 Individual Membership Dues.
 \$365 Corporate Dues (up to three individuals listed). Primary contact should be listed above; add additional names and contact info on the reverse. Let us know which person will be responsible for your listing on the website *Find a Consultant, Service, or Product* page: www.aianh.org/find-a-professional/find-a-consultant. Note that all names can be included on the website listing and each name will be listed in the membership roster: www.aianh.org/membership/member-roster.

Total Enclosed: \$ _____

Checks should be made payable to: AIANH and sent with this form to: AIANH, PO Box 784, Portsmouth, NH 03802

Bill my credit card:

Name on Card _____ Amount to charge _____

Type of card Mastercard VISA

Card Number _____ Exp. Date _____ 3 digit code _____

BillingAddress Street _____ Billing Address City/State/Zip _____

Questions?

If you have any questions, please contact Bonnie Kastel, AIANH Executive Director, 603-501-1881, bkastel@aianh.org, PO Box 784, Portsmouth, NH 03802. You may send form to this email or postal address.