## 2020 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 our print publication, 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 on aianh.org
- use the credential "Affiliate AIANH" after your name
- use the AIANH Affiliate Digital Badge on your digital media

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

Dues are \$165/\$384 per 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) \$165.00 \$384.00 April 1-June 30 75% \$123.75 \$288.00 July 1 - September 30 50% \$82.50 \$192.00 Personal/Company Information Name Company Street address City/State/Zip Telephone Fax E-Mail Web site address Profession/Trade Enclosed: \$165 Individual Membership Dues. \$384 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 3 digit code Exp. Date

## **Questions?**

Billing Address Street

Billing Address City/State/Zip