



# The American Institute of Architects, Santa Barbara Chapter Student Affiliate Membership Application

**Personal Information** (please print clearly)

Mr.  Mrs.  Ms. First Name M.I. Last Name

School Name

School Address City State ZIP

Home Address (include apt. number) City State ZIP

Home Phone Home Fax

E-mail

**Preferred Address:** (check one)  School  Home

I am in the following year of school:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  postgraduate  other \_\_\_\_\_

My anticipated date of graduation is: \_\_\_\_\_

I  am  am not a member of the AIAS (American Institute of Architectural Students.)

**Dues Enrollment**

Please assign me to the following local AIA component: CASB

I've enclosed a copy of my current and valid student ID, or other proof of student status.

Student Dues	Joining between 10/1/15-3/31/16	Joining between 4/1/16-6/30/16	Joining between 7/1/16-9/30/16
CASB	\$0.00	\$0.00	\$ 0.00

2015 Student Membership for the AIASB chapter is free

Applicant's Signature

**Return to:**

AIA Santa Barbara  
229 E. Victoria Street  
Santa Barbara, CA 93101  
E-mail to [info@aiasb.com](mailto:info@aiasb.com)

Office Use Only		
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Component executive signature	Date	CASB Component name
Notes:		