

ARCHITECTURE & DESIGN SOCIETY

MEMBERSHIP APPLICATION

NAME:

SPOUSE/PARTNER NAME:

CORPORATE NAME:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

EMAIL:

PAYMENT METHOD:

CHECK: Payable to the Architecture & Design Society

CREDIT CARD:

VISA MASTERCARD

AMERICAN EXPRESS DISCOVER

CARD #

EXP DATE:

MEMBERSHIP CATEGORY:

STUDENT

\$25.00

CORPORATE

\$500.00

INDIVIDUAL

\$75.00

PATRON

\$250.00

FAMILY

\$125.00

SPIRE

\$1,000.00

PLEASE SEND TO:

Architecture & Design Society
Department of Architecture and Design
The Art Institute of Chicago
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Chicago, Illinois 60603

FAX:

(312) 578-0960

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