

2024 PARTNER PROGRAM APPLICATION

AIA Triangle empowers architects by connecting with the community, advocating for our profession, and promoting the quality of local design.

PLATINUM	GOLD	SILVER	BRONZE
AIAT ONLY \$4,000	AIAT ONLY \$2,000	AIAT ONLY \$1,500	AIAT ONLY \$1,000
AIAT + AIAC CO-PARTNER \$3,000*	AIAT + AIAC CO-PARTNER \$1,750*		
Additional opportunities to spon Details will be shared once they	sor programs and activities will be availab become available.	le throughout the year.	
	IA Triangle and AIA Charlotte and will be invo		t of each chapter.
	ed exactly as it should appear on promoti		
	Title:		
	file: file: City:		
-	-	St	ite: Zin:
Billing Address: Check if same as Mailing Address	City: Ext: Cell Ph		
Billing Address: Check if same as Mailing Address Business Phone: () Email: Please provide name and email for	City:	one: () o receive event and program	notifications:
Billing Address: Check if same as Mailing Address Business Phone: () Email: Please provide name and email for Name/Title:	City: City: City: Cell Ph	one: () o receive event and program Email:	notifications:
Billing Address: Check if same as Mailing Address Business Phone: () Email: Please provide name and email for Name/Title: Name/Title: By typing my name on the signature AIA Triangle Partnership until Decer	City: Ext: Cell Ph r any other individuals you would like to line below, as an authorized representati mber 31, 2024 at the above partnership le	one: () o receive event and program Email: Email: ve of the company, I am confi	notifications:
Billing Address: Check if same as Mailing Address Business Phone: () Email: Please provide name and email for Name/Title: Name/Title: By typing my name on the signature AIA Triangle Partnership until Decer made by check or credit card before	City: Ext: Cell Ph r any other individuals you would like to line below, as an authorized representati mber 31, 2024 at the above partnership le	one: () • receive event and program Email: Email: ve of the company, I am confi vel. I also understand that a p	notifications:
Billing Address: Check if same as Mailing Address Business Phone: () Email: Please provide name and email for Name/Title: Name/Title: By typing my name on the signature AIA Triangle Partnership until Decer made by check or credit card before	City: City: Ext: Cell Ph	one: () • receive event and program Email: Email: ve of the company, I am confi vel. I also understand that a p	notifications: rming the company's payment is required to be
Billing Address:	City: City: Ext: Cell Ph	one: () o receive event and program Email: // Email: // Email: // Email: // Email: // Date: SUBMIT BY MAIL:	notifications: rming the company's payment is required to be
Billing Address:	City: Ext: Cell Ph r any other individuals you would like to line below, as an authorized representati nber 31, 2024 at the above partnership le benefits can begin.	one: () o receive event and program Email: ///////////////////////////////	notifications: rming the company's nayment is required to be
Billing Address: Check if same as Mailing Address Business Phone: () Email: Please provide name and email for Name/Title: Name/Title: By typing my name on the signature AIA Triangle Partnership until Decer made by check or credit card before Signature: Check made payable to AIA Tria Credit Card: Return signed app	City: Ext: Cell Ph r any other individuals you would like to line below, as an authorized representati nber 31, 2024 at the above partnership le benefits can begin.	one: () o receive event and program Email: // Email: // Email: Date: Post Office Box 1037 Poleight NC 27605	notifications:

THANK YOU FOR YOUR SUPPORT!