



SOUTHEAST CHAPTER ~ MEMBERSHIP FORM

My Membership is: New Renewal Gift

Choose your level of Membership:

Professional Membership Program

- Individual ~ Professional \$150
- Sustainer ~ Professional \$250
- Donor ~ Professional \$500
- Patron ~ Professional \$1,000

General Membership Program

- Individual \$60
- Dual \$100
- Contributor \$150
- Sustainer \$250
- Donor \$500
- Patron \$1,000
- Benefactor Circle \$2,500
- Latrobe Society \$5,000

Ms. Mr. Mrs. Miss. Dr.

NAME kindly print as it should appear in membership materials

Ms. Mr. Mrs. Miss. Dr.

SPOUSE/PARTNER NAME kindly print as it should appear in membership materials

NAME OF FIRM/COMPANY/BUSINESS

ADDRESS APARTMENT OR SUITE #

CITY STATE ZIP

E-MAIL ADDRESS NO, do not send me E-Announcements

HOME/BUSINESS PHONE HOME/BUSINESS FAX

URL

Professional Listing ~ Type of business

- ARCHITECT AIA# _____
- LANDSCAPE ARCHITECT
- INTERIOR DESIGNER
- BUILDER/CONSTRUCTION
- ARTISAN
- FINE ARTIST
- AFFILIATED ORGANIZATION
- HISTORIC PROPERTY
- CONSULTANT OR OTHER
- VENDOR/MANUFACTURER: _____

Payment

Membership Dues \$ _____

- CHECK made payable to ICA&CA enclosed
- CHARGE VISA MasterCard American Express

CARD NUMBER EXPIRATION DATE

SIGNATURE REQUIRED FOR CREDIT CARD USE

If Membership is a gift, please complete below:

RECIPIENT NAME

ADDRESS APARTMENT OR SUITE #

CITY STATE ZIP

RECIPIENT E-MAIL ADDRESS

MESSAGE TO RECIPIENT

Please return completed form to: Institute of Classical Architecture & Classical America, Membership, 20 W. 44th St, New York, NY 10036. Fax to (212) 730-9649. MN CH / MR CH