



# St. Louis Chapter 2009 Application for Membership

**VERY IMPORTANT! Check One**

New Member

Renewal

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business or School Name \_\_\_\_\_

Business Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

For Mailing please use my:  Home Address  Business Address

I am employed in:  Private Practice  Government  Corporate/Industry  Education  Other

I am licensed to practice in the following states: \_\_\_\_\_

I am a Student/ Graduate of the following school (s):

\_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Select Ethnicity:

African American  Asian/ Pacific Islander  Hispanic American  Native American  Caucasian  Other

Please enclose a **check or money order payable to STLNOMA\***

I understand that my dues cover Local and National NOMA membership for the calendar year of 2009.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Any membership dues paid after January 15, 2009 will incur a \$10 late fee.**

**St. Louis Chapter of NOMA Membership Fees**

Professional Registered Architect	<input type="checkbox"/> \$320
Architectural Interns and Associates	<input type="checkbox"/> \$160
Allied Professionals (non-architect)	<input type="checkbox"/> \$320
Students of Architecture (non-practicing)	<input type="checkbox"/> \$55
<u>Mail membership dues to:</u>	
St. Louis NOMA	
PO Box 11416	
Clayton, MO 63105	

To Contact NOMA:  
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