AIA Colorado

ARE Resource Library Registration

Name	Last	First	AIA Member Number
Home Address	Street Address, Unit Number		
	City	ST	ZIP
Phone	Daytime	Cell	

I, the undersigned, have read, understand and agree to the **AIA Colorado** library checkout procedures.

Signature _____ Date _____

Check-Out History

Title	Material Type (SG/Q&A/ArchFC/etc.)	Copy 1 / Copy 2, etc. (if applicable)	Date Out	Date Renewed	Date Returned	Notes