



Architect Membership Application (Licensed in the U.S.—non-U.S. resident)

Personal Information *(please print clearly)*

Mr. Mrs. Ms. First name _____ M.I. _____ Last name _____

Home address _____ Apartment number _____

City _____ Province _____ Postal code _____ Country _____

Home phone _____ Home fax _____

Date of birth _____ Home e-mail _____

*Your birthdate enables the AIA Trust to issue new architect members a \$15,000 life insurance policy premium free for one year.

Company name/Company acronym _____ Job title _____

Company address _____ Suite/floor number _____

City _____ Province _____ Postal code _____ Country _____

Company phone _____ Company fax _____ Company e-mail _____ Company Web address _____

Architecture degree

Type of degree (e.g., BArch, MArch) _____ Year received _____ School _____

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States in which you are licensed to practice *(you must provide a copy of each license)*

State _____ Initial year of licensure _____

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State _____ Initial year of licensure _____

State _____ Initial year of licensure _____

Individual classification

Architect licensed in the U.S.

Preferred address *(check one)*

Office Home

I do not wish to be listed in any membership list sold by the AIA to third parties.

Ethnicity *(optional)*

African American

Asian/Pacific Islander

Caucasian

Hispanic

American Indian/Alaskan Native

Subcontinental Asian

Other _____

The information gathered by the AIA is used solely for the purpose of fulfilling the AIA's mandate to you. Personal information you provide to the AIA shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

Professional Information

Type of firm/company with which you are currently employed

- Architecture—sole practitioner
- Architecture firm
- Multidisciplinary design firm/ architecture as lead
- Multidisciplinary design firm/ architecture *not lead*
- Corporate business
- Government agency
- Construction
- Interior design
- Landscape
- Urban design
- University/college
- Library or association
- Other _____

Primary role in firm/company

- Principal/partner
- Department head/senior manager
- Architect
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter

Are you a previous member of an AIAS chapter? If yes, check appropriate box.

- American Institute of Architecture Students (AIAS)
- Associated Student Chapters/AIA (ASC/AIA)
- National Architecture Students Association (NASA)

I was referred to join the AIA by: (check only one)

- Local component
- State component
- National advertisement
- AIA member _____
Name

Architect Member Enrollment

Code of ethics—AIA members agree to abide by the AIA Bylaws and the AIA Code of Ethics and Professional Conduct.

- I agree to abide by the Code of Ethics as they are listed in the AIA Bylaws.

Signature _____

The AIA is a three-tiered organization requiring membership at the local, state, and national levels. Local component affiliation is assigned by zip code based on your business or home address.

Assign me to the following component: _____

OR

Assign me to the local AIA component based on my: business address home address

Membership dues are calculated on a calendar year, January to December. New member dues are prorated quarterly. You may contact your local component or AIA Information Central, 800-242-3837, to determine your annual membership dues.

Architect Dues	Joining between 10/1/07–3/31/08		Joining between 4/1/08–6/30/08		Joining between 7/1/08–9/30/08
National	\$238.00	National	\$178.50	National	\$119.00
State		State		State	
Local		Local		Local	
TOTAL DUES	\$	TOTAL DUES	\$	TOTAL DUES	\$

Publisher's statement

National dues include a \$35.62 subscription cost for *Architectural Record*. This statement is made for auditing purposes only. Subscription costs are *not* deductible from membership dues.

Method of Payment

Submit full payment of your local, state, and national membership dues. Dues are not a tax deductible donation but may be eligible as a business expense deduction.

- Check enclosed (*payable to The American Institute of Architects*)
- Charge my: Visa MasterCard AmEx

Card number _____

Expiration date _____

Cardholder (*print name clearly*) _____

Signature _____

Return to:

The American Institute of Architects
P.O. Box 64185
Baltimore, MD 21264-4185
Fax to 202-626-7547
Email to MemberServices@aia.org

Office Use Only		
Component executive signature _____	Date _____	Component name _____
Notes:		