



# Architect Membership Application (Licensed in the U.S.)

## Personal Information *(Print your name clearly as you want it to appear on your membership certificate and card.)*

Mr.  Mrs.  Ms. First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

Home address \_\_\_\_\_ Apartment number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Home fax \_\_\_\_\_ Cell phone \_\_\_\_\_

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/acronym \_\_\_\_\_ Job title \_\_\_\_\_

Company address \_\_\_\_\_ Suite/floor number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Company phone \_\_\_\_\_ Company fax \_\_\_\_\_ Company e-mail \_\_\_\_\_ Company Web address \_\_\_\_\_

### Preferred address *(check one)*

Mail (for print materials including *Architectural Record*):  Home OR  Office

E-mail (for correspondence):  Home OR  Office

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

### Architecture degree

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

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### States in which you are licensed to practice *(To avoid processing delays, your application must include a copy of your current license.)*

State \_\_\_\_\_ Initial year of licensure \_\_\_\_\_ State \_\_\_\_\_ Initial year of licensure \_\_\_\_\_

### 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)
- Associate 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 stated 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 the ZIP code of your business or home address.

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

**Contact your local component or call AIA Information Central, 800-242-3837, to determine your state and local dues.** Membership dues are calculated on a calendar year, January to December. New-member dues are prorated quarterly. *Without the correct dues amount, the processing of your application may be delayed.*

Architect Dues	Joining between 10/1/08–3/31/09		Joining between 4/1/09–6/30/09		Joining between 7/1/09–9/30/09
National	\$244.00	National	\$183.00	National	\$122.00
State	Call for dues. \$	State	Call for dues. \$	State	Call for dues. \$
Local	Call for dues. \$	Local	Call for dues. \$	Local	Call for dues. \$
TOTAL DUES	\$	TOTAL DUES	\$	TOTAL DUES	\$

### Publisher's statement

National dues include a \$36.53 subscription cost for *Architectural Record*. This statement is made for auditing purposes only. Subscription costs are *not* deductible from membership dues.

You will begin receiving *Architectural Record* at your preferred address 6 to 8 weeks after your application is processed.

## 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  
E-mail to MemberServices@aia.org

Office Use Only		
Component executive signature	Date	Component name
Notes:		