



Associate Membership Application (U.S. resident)

Personal Information *(please print clearly)*

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

Home address _____ Apartment/floor number _____

City _____ State _____ ZIP _____

Home phone _____ Home fax _____

Date of birth _____ Home e-mail _____

Company name/Company acronym _____ Job title _____

Company address _____ Suite/floor number _____

City _____ State _____ ZIP _____

Company phone/direct line _____ Company fax _____ Company e-mail _____ Company Web address _____

Architecture Degree *(must provide a copy)*

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

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Associate Classifications *(select one)*

- Intern
- ARE candidate
- Degree in architecture—traditional career
- Degree in architecture—alternative career
- I work under the supervision of an architect in a professional capacity
- I work under the supervision of an architect in a technical capacity
- I work as a faculty member in a university program in architecture

Ethnicity *(optional)*

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- American Indian/Alaskan Native
- Subcontinental Asian
- Other _____

Preferred address *(check one)*

- Office Home

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

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

- Designer
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter
- Educator
- Controller
- Bookkeeper
- Accounting Clerk
- Business development manager
- Marketing manager
- Marketing assistant

- Human Resources director
- Human Resources manager
- Office manager
- Administrative assistant
- Receptionist
- Librarian
- Other _____

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)

Associate 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.

Associate 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	\$102.00	National	\$76.50	National	\$51.00
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
 E-mail to MembershipServices@aia.org

Office Use Only

Component executive signature _____ Date _____ Component name _____

Notes: