



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

Personal Information *Please print clearly.*

Mr. Mrs. Ms.	First name	M.I.	Last name
Home address			Apartment number
City		State	Zip
Home phone		Home fax	
Date of birth		Home e-mail	

*Your birth date 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		State	Zip
Company phone	Company fax	Company e-mail	Company Web address

Architecture Degree

Type of degree (e.g., BArch, March)	Month/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	State	Initial year of licensure
State	Initial year of licensure	State	Initial year of licensure

Individual Classification

Architect licensed in the US

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 _____

Professional Information

Type of firm/company you are currently employed

- Architecture – sole practitioner
- Architecture firm
- Multi-disciplinary design firm/architecture as lead
- Multi-disciplinary 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

Member Enrollment

Code of ethics

AIA members agree to abide by the AIA bylaws and the AIA Code of Ethics and Professional Conduct. New architect members are required to meet continuing education requirements starting Jan. 1 in their second year of membership.

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

Signature

- Please enroll me as an Architect member (AIA).

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

Check one of the following:

Please assign me to the local AIA chapter based on my business address, home address Chapter _____

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. **The rates quoted here are in effect until 6/30/2007.**

Architect Membership Dues Local \$ + State \$ + National **\$210.00** = \$

Publisher's statement

National dues include a \$35.15 subscription cost for *Architectural Record*. This statement is made for auditing purposes only. Subscription costs are *not* deductible from membership dues.

Method of Payment

Please submit full payment of your local, state, and national membership dues.

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

Card number

Expiration date

Cardholder

Signature

Return to:

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

Office Use Only

Component executive signature

Date

Component name

Notes: