



Associate Membership Application (U.S. resident)

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	

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)	Month/Year received	School
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Associate Classification *(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 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

- 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 _____

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

- Please enroll me as an Associate AIA member (Assoc. 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 **\$74.25** = \$

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: