



Associate Membership Application (U.S. resident)

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> 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			

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 *(To avoid processing delays, your application must include a copy of your diploma[s] or transcript[s].)*

Type of degree (e.g., BArch, MArch)	Year received	School
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Associate classification *(check all that apply)*

- Intern
- ARE candidate
- Professional Degree in architecture—traditional career *(must provide a copy)*
- Professional Degree in architecture—alternative career *(must provide a copy)*
- 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—"not licensed"

Ethnicity *(optional)*

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

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)
- Associate 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 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.*

Associate 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	\$105.00	National	\$78.75	National	\$52.50
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:		