The American Institute of Architects

☐ New Member

☐ Former Member _____
AIA Member ID

2017 Associate Membership Application

If you are new to the AIA, please join online at www.aia.org/join. If you were a member previously, please proceed with completing this application.

Personal Information

Mr. Mrs. Ms.	First	M.I.	Last
Address			Apartment/Unit #
City	State/Country		ZIP
Home Phone	Home E-mail		
Home Fax	Cell Phone		DOB

Company Information

Company Name		Job Title
Address		Suite/Floor
City	State/Country	ZIP
Office Phone	Office E-mail	
Office Fax	Company Web Address	

Mailing Preference: ☐ Home ☐ Office **Primary Email:** ☐ Home ☐ Office **Primary Phone:** ☐ Home ☐ Office

Check to receive the digital version only of *ARCHITECT* magazine ☐
Periodically, AIA will make its mailing lists available to companies in the build and design industry. If you do not want your mailing address shared, please check here: ☐

Associate Membership Eligibility Criteria

Associate Membership Eligibility Requirement (you must meet one of the following to be eligible, however, please check all that apply)
☐ Professional Degree in architecture—traditional career. (Copy of degree required)
☐ Professional Degree in architecture—alternative career. (Copy of degree required)
☐ IDP Candidate - NCARB ID#_____ (NCARB ID# required)
☐ ARE Candidate - NCARB ID#_____ (NCARB ID# required)
☐ I work under the supervision of an architect in a professional capacity. (Supervising architect information required)
Architect Name_____ License State_____ License #_____
☐ I work under the supervision of an architect in a technical capacity. (Supervising architect information required)
Architect Name_____ License State_____ License #_____
☐ I work as a faculty member in a university program in architecture—not licensed.

Degree Information

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

Chapter Assignment

The AIA is a three-tiered organization requiring membership at the local, state, and national levels. Chapter affiliation is assigned by the zip code of your office or home address. To view a list of chapters, visit www.aia.org/about/structure.

If you need help determining your chapter assignment, contact AIA Information Central at 1 (800) 242-3837, option 2.

Assign me to the local AIA chapter _____ based on my: ☐ Home address **OR** ☐ Office address

Code of Ethics

AIA members agree to abide by the AIA Bylaws, the AIA Code of Ethics and Professional Conduct and agree to the Terms & Conditions for membership. To view the Code of Ethics, visit www.aia.org/code_of_ethics. To view the Terms & Conditions, visit www.aia.org/terms_of_service.

☐ I agree to abide by the Code of Ethics stated in the AIA Bylaws and Terms & Conditions _____
Signature Date

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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
- ☐ Educator

Are you a member of any of the following professional organizations?
- ☐ USGBC Local Member (Individual)
- ☐ GBCI LEED AP #_____
- ☐ USGBC National Member (Company)

Are you a previous member of?
- ☐ American Institute of Architecture Students (AIAS)
- ☐ Associated Student Chapters/AIA (ASC/AIA)
- ☐ National Architecture Students Association (NASA)

I was referred to join the AIA by:
- ☐ Local chapter
- ☐ State chapter
- ☐ National mail or email advertisement
  Promotion Code _____
- ☐ AIA member _____

Demographic Information (optional)

Ethnicity *(optional)*
- ☐ Black or African American
- ☐ Asian
- ☐ White
- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Two or More Races
- ☐ Decline to state

Gender *(optional)*
- ☐ Male
- ☐ Female

Special Accommodations *(optional)*
- ☐ Hearing disability
- ☐ Visual disability
- ☐ Physical disability
- ☐ Decline to state
- ☐ 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 will be used for internal reporting purposes only to ensure we accurately reflect our membership demographics. Any personal information that you provide shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

Membership Dues

To determine your state and local dues amounts, please contact AIA Information Central at 1 (800) 242-3837, option 2.

	Dues rates valid between 10/1/16 - 3/31/17		Dues rates valid between 4/1/17 - 6/30/17		Dues valid between 7/1/17 - 9/30/17
National	$114.00	National	$ 85.50	National	$ 57.00
State	$166.00	State	$124.50	State	$ 83.00
Local	$ 65.00	Local	$ 48.75	Local	$ 32.50
TOTAL DUES	**$345.00**	**TOTAL DUES**	**$258.75**	**TOTAL DUES**	**$172.50**

Payment

Please submit full payment of your local, state and national dues. For payment plan information, please visit www.aia.org/paybyinstallments. Dues are not a tax-deductible donation, but may be eligible as a business expense deduction.

☐ Check *(payable to The American Institute of Architects)* Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number Expiration Date

Name of Cardholder Signature Date

Please let us know who pays your professional AIA membership dues: ☐ Firm/company (full payment) ☐ Firm/company (partial payment) ☐ I pay them

Please remit application and payment to:
The American Institute of Architects, P.O. Box 64185, Baltimore, MD 21264-4185
E-mail to: memberservices@aia.org | Fax to: (202) 626-7547

Publisher's Statement
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