



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

Personal Information *Please print clearly.*

Mr. Mrs. Ms. First name Middle name Last name

Home address Apartment number

City State Zip

Home phone Home fax

Date of birth Home e-mail

Your birthdate 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

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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 3/31/2007.**

Architect Membership Dues

Local _____ + State _____ + National **\$280.00** = _____

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 (print name clearly)

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: