



New Member

Former Member

Member ID _____

2017 Architect Membership Application

Individuals with an architectural license from a U.S. licensing authority are eligible for Architect membership. 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

| | | | |
|------------|-------|---------------|------------------|
| | 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:

Architecture Degree

| | | |
|----------------|---------------------|--------|
| Type of degree | Month/Year Received | School |
|----------------|---------------------|--------|

License Information Your license must be active to be eligible for Architect membership.

| | | | |
|--|--------------|-----------------|----------------|
| State | Date Awarded | Expiration Date | License Number |
| State | Date Awarded | Expiration Date | License Number |
| Please provide your initial licensure information: | State | Year | Month |

Chapter Information

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 _____



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
- Decline to state

Special Accommodations (optional)

- Hearing disability
- Visual disability
- Physical disability
- 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 | \$ 261.00 | National | \$ 191.11 | National | \$ 136.10 |
| State | \$ | State | \$ | State | \$ |
| Local | \$ | Local | \$ | Local | \$ |
| TOTAL DUES | \$ | TOTAL DUES | \$ | TOTAL DUES | \$ |

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

ARCHITECT is the official magazine of the AIA. Your membership dues include a paid subscription to ARCHITECT magazine, at a value of \$29.50 for one year. You can choose to receive only the digital version of the magazine by selecting the "Digital version only" option in the *Mailing Preference* section of this application. Learn more at www.aia.org/join. Members can choose to have their print edition of ARCHITECT magazine sent to a different individual, such as a local school of architecture or library. Please contact us by phone at (800) 242-3837 (option 2) to facilitate donating your print edition of ARCHITECT magazine. You will begin receiving ARCHITECT magazine at your preferred address 6 to 8 weeks after your application is processed.