



# Membership Application

## Personal Information

Please print clearly.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	M.I.	Last Name	
Date of Birth*	Job Title			
States in which you are licensed to practice (you must provide a copy of each license)			Initial year of licensure	
Company/Firm Name		Company Acronym		
Office Address (include suite number)		City	State	ZIP
Home Address (include apt. number)		City	State	ZIP
Main Company Phone		Company Web Site		
Direct Office Phone	Extension	Fax	Office E-mail	
Home Phone		Home E-mail		

**Preferred Address:** (check one)  Office  Home

I do not wish to be listed in any membership list sold by the AIA to third parties.

\* Your birth date enables the AIA Trust to issue new architect members a \$15,000 life insurance policy premium free for one year.

## Member Information

Please check all that apply.

### Individual Position

- Firm owner (B)
- Managing partner (B)
- Licensed Architect (C)
- Intern Architect (H)
- Engineer (D)
- Designer (E)
- Draftsperson (F)
- Technical staff (G)
- Faculty member (I)
- Government architect (J)
- Sole Practitioner (L)
- Other (Z) \_\_\_\_\_

### Business Practice

- Architecture (1)
- Multidisciplinary design
  - w/architecture as lead discipline (2)
  - w/out architecture as lead discipline (3a)
- Landscape/urban design (3c)
- Interior design (3b)
- University/college (7a)
- Academic unit (7a)
- Government (5)
- Other (9) \_\_\_\_\_

### Ethnicity (optional)

- African American
- Asian/Pacific Islander
- Caucasian
- Latino(a)
- Native American/  
Alaskan Native
- Subcontinental Asian
- Other (includes  
multiethnic/  
\_\_\_\_\_

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 shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

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**Membership Categories****Architect Member (AIA)**

AIA membership is open to architects who are currently licensed to practice architecture in the United States. A copy of your current license is required to process your membership.

**Associate Member (Assoc. AIA)**

Associate AIA membership is open to individuals who

- are interns participating in career responsibilities recognized by licensing authorities as constituting credit toward licensure, or
- work under the supervision of an architect in a professional or technical capacity, or
- hold a professional degree in architecture (provide a copy of your architecture degree), or
- work as a faculty member in a university program in architecture.

**International Associate Architect member (International Assoc. AIA)**

International Associate AIA membership is open to individuals who hold an architecture license or equivalent from a non-U.S. licensing authority (*provide a copy of your current license*).

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**Dues Enrollment**

Enroll as a member of the AIA by checking one of the following categories:

- Architect
- Associate AIA
  - intern
  - supervised
  - professional degree in architecture (provide a copy of your architecture degree)
  - faculty
- International Associate AIA

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 in their second year of membership.

**The AIA is a three-tiered organization. Membership is required at the local, state, and national levels.** Local component affiliation is assigned by zip code based on an individual's business or home address. Membership dues are calculated on a calendar year, January through 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 03/31/2006.**

					Total Dues
<b>Architect Membership Dues</b>	Local _____	+ State _____	+ National	<b>\$272.00</b>	= _____
<b>Associate Membership Dues</b>	Local _____	+ State _____	+ National	<b>\$ 96.00</b>	= _____
<b>International Associate Membership Dues</b>	Local _____	+ State _____	+ National	<b>\$162.50</b>	= _____

**National dues include a \$34 subscription cost for Architectural Record. This statement is made for auditing purposes only. Subscription costs are not deductible from membership dues.**

Please assign me to the local AIA component based on my  Office address  Home address

\_\_\_\_\_  
Component name

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**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

\_\_\_\_\_  
Component executive signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Component name