



Graduate 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			
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.

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)
- 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.

**Membership
Categories**

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.
- work under the supervision of an architect in a professional or technical capacity.
- hold a professional degree in architecture (*provide a copy of your architecture degree*).
- work as a faculty member in a university program in architecture.

**Dues
Enrollment**

Enroll me as a member of the AIA in the following category:

- Associate AIA _____ (type of associate—intern, supervised, professional degree, faculty, etc.)

AIA members agree to abide by the AIA bylaws and the AIA Code of Ethics and Professional Conduct.

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.

This complimentary Associate membership is valid at the **national** level through December 31, 2007. *Please contact your local component for your local and state dues.* Your membership category, Associate, will apply until you upgrade to an Architect.

Only individuals who have graduated with a degree in Architecture during the **2006 school year** are eligible to apply. You must provide a copy of your diploma in order to receive the complimentary membership.

Associate Membership Dues Local _____ + State _____ + National **\$ 0.00** = _____

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

**Method of
Payment**

Please submit full payment of your local and state 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