Source	Code:	1. AL



New Member		
Former Member		
	Member ID	Τ

201, 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						
	First		M.I.	Last		
Address					Apartment/Unit #	
City		State/Country			ZIP	
Home Phone		Home E-mail				
Home Fax		Cell Phone			DOB	
Company Information	n					
Company Name					Job Title	
Address					Suite/Floor	
City		State/Country			ZIP	
Office Phone		Office E-mail				
Office Fax		Company Web Address				
Periodically, AIA will make its Associate Membership Eligib Professional Degree in ar Professional Degree in ar AXP Candidate - NCARB ARE Candidate - NCARB I work under the supervis Architect Name I work under the supervis Architect Name	illity Requirement (you must meet one of chitecture—traditional career. (Copy of a chitecture—alternative career. (Copy of ID#	the build and design in the following to be edgree required) (NCARB ID# req(NCARB ID# req(NCARB ID# req) (NCARB ID# req) (Supervising architemse State	uired) uired) uired) chitect informa	vever, please check a mation required) License #		ease check here:
address. To view a list of charling lf you need help determining Assign me to the local AIA clared of Ethics AIA members agree to abide	anization requiring membership at the loapters, visit www.aia.org/find-chapter. your chapter assignment, contact AIA Innapter by the AIA Bylaws, the AIA Code of Ethe of ethics. To view the Terms & Cond	nformation Central at based on r	1 (800) 242 ny: ☐ F Conduct ar	2-3837, option 2. Home address OF	R ☐ Office address	
☐ I agree to abide by the C	ode of Ethics stated in the AIA Bylaws a	nd Terms & Conditio	ns	re		Date
			Gigiriatu			Date



Type of firm/company with which you

Professional Information

are currently employed	l:	☐ Principal/Pa	rtner	professional organiz	ations?	
☐ Architecture – sole p	practitioner		head/Senior manager	☐ USGBC Local Me	mber (Individual)	
☐ Architecture firm		☐ Architect	ŭ	☐ GBCI LEED AP #		
☐ Multidisciplinary des	ign firm/architecture as lead	☐ Project man	ager	☐ USGBC National I	Member (Company)	
☐ Multidisciplinary des	ign firm/architecture not lead	☐ Engineer				
☐ Corporate business		☐ Interior desi	ner	Are you a previous n		
☐ Government agency	,		•	☐ American Institute	of Architecture Students (AIAS)	
☐ Construction		_ '	•	Associated Studer	nt Chapters/AIA (ASC/AIA)	
☐ Interior design		_	administrator	☐ National Architect	ure Students Association (NASA)	
_		☐ Specification				
_ '		☐ CAD manag		I was referred to join	the AIA by:	
☐ Urban design		☐ Architectura	l drafter	Local chapter		
☐ University/college		☐ Educator		State chapter		
Library or associatio					mail advertisement	
Other				Promotion Code		
				☐ AIA member		
Demographic Info	rmation (optional)					
Ethnicity (optional)		Gender (optional	"	Special Accommodat	ions (optional)	
Black or African Am	erican	Male .			☐ Hearing disability	
☐ Asian ☐ White		☐ Female		☐ Visual disability ☐ Physical disability		
Hispanic or Latino		Prefer not to	disclose	Other		
American Indian or A	Alaska Native			01101		
☐ Native Hawaiian or 0						
Two or More Races						
☐ Prefer not to disclose	•					
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 or 1+ (202) 626-7300, option 2 (outside of the U.S.)						
	Dues rates valid between 10/1/1+ - 3/31/1,		Dues rates valid between 4/1/1, - 6/30/1,		Dues valid between 7/1/1, - 9/30/1,	
National	\$ 117.00	National	\$ 87.75	National	\$ 58.50	
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:						
Card Number		Expiratio	n Date			
Name of Cardholder		Signature)		Date	
Please let us know who	pays your professional AIA membe	rship dues:	/company (full payment)	Firm/company (partial p	ayment)	
	n and payment to: f Architects, P.O. Box 64185, Baltin il us at: memberservices@aia.org	more, MD 21264-4185				

Primary role in firm/company:

Are you a member of any of the following

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