



THE AMERICAN INSTITUTE OF ARCHITECTS

Source Code: AIA.ORG

New member

Former member \_\_\_\_\_  
Member ID

## Associate Membership Application (Non-U.S. resident)

### Personal Information *(please print clearly)*

|                              |            |                            |                  |  |
|------------------------------|------------|----------------------------|------------------|--|
| Mr. Mrs. Ms.                 | First name | M.I.                       | Last name        |  |
| Home address                 |            |                            | Apartment number |  |
| City                         | Province   | Postal code                | Country          |  |
| Home phone with country code |            | Home fax with country code |                  |  |
| Date of birth                |            | Home e-mail                |                  |  |

|                                 |                               |                    |                     |  |
|---------------------------------|-------------------------------|--------------------|---------------------|--|
| Company name/Company acronym    |                               | Job title          |                     |  |
| Company address                 |                               | Suite/floor number |                     |  |
| City                            | Province                      | Postal code        | Country             |  |
| Company phone with country code | Company fax with country code | Company e-mail     | Company Web address |  |

### Architecture Degree *(must provide a copy)*

|                                     |                     |        |
|-------------------------------------|---------------------|--------|
| Type of degree (e.g., BArch, MArch) | Month/Year received | School |
| Type of degree (e.g., BArch, MArch) | Month/Year Received | School |

### Associate Classification *(select one)*

- Intern
- ARE candidate
- Degree in architecture—traditional career
- Degree in architecture—alternative career
- I work under the supervision of an architect in a professional capacity
- I work under the supervision of an architect in a technical capacity
- I work as a faculty member in a university program in architecture

### Ethnicity *(optional)*

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- American Indian/Alaskan Native
- Subcontinental Asian
- Other \_\_\_\_\_

### Preferred Address *(check one)*

- Office
- Home

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

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.

**Professional Information**

**Type of firm/company with which 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**

- Designer
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter
- Educator
- Controller
- Bookkeeper
- Accounting clerk
- Business development manager
- Marketing manager
- Marketing assistant

- Human Resources director
- Human Resources manager
- Office manager
- Administrative assistant
- Receptionist
- Librarian
- Other \_\_\_\_\_

**Are you a previous member of an AIAS chapter? If yes, check appropriate box.**

- American Institute of Architecture Students (AIAS)
- Associated Student Chapters/AIA (ASC/AIA)
- National Architecture Students Association (NASA)

**Associate Member Enrollment**

**Code of ethics**—AIA members agree to abide by the AIA Bylaws and the AIA Code of Ethics and Professional Conduct.

I agree to abide by the Code of Ethics as they are listed in the AIA Bylaws. \_\_\_\_\_  
Signature

**The AIA is a three-tiered organization requiring membership at the local, state, and national levels.** Local component affiliation is assigned by zip code based on your business or home address.

Assign me to the following component: \_\_\_\_\_

OR

Assign me to the local AIA component based on my:  business address  home address

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.

| Associate Dues | Joining between 10/1/07–3/31/08 |            | Joining between 4/1/08–6/30/08 |            | Joining between 7/1/08–9/30/08 |
|----------------|---------------------------------|------------|--------------------------------|------------|--------------------------------|
| National       | \$102.00                        | National   | \$76.50                        | National   | \$51.00                        |
| State          |                                 | State      |                                | State      |                                |
| Local          |                                 | Local      |                                | Local      |                                |
| TOTAL DUES     | \$                              | TOTAL DUES | \$                             | TOTAL DUES | \$                             |

**Publisher’s statement**

National dues include a \$35.62 subscription cost for *Architectural Record*. This statement is made for auditing purposes only. Subscription costs are *not* deductible from membership dues.

**Method of Payment**

Submit full payment of your local, state, and national membership dues. Dues are not a tax deductible donation but may be eligible as a business expense deduction.

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  
Fax to 202-626-7547  
E-mail to MembershipServices@aia.org

|                               |      |                |
|-------------------------------|------|----------------|
| Office Use Only               |      |                |
| Component executive signature | Date | Component name |
| Notes:                        |      |                |