



2011 Associate Membership Application (U.S. resident)

Personal Information *(Print your name clearly as you want it to appear in your membership record.)*

| | | | | |
|---------------|-------------|------------|------------------|--|
| Mr. Mrs. Ms. | First name | M.I. | Last name | |
| Home address | | | Apartment number | |
| City | State | ZIP | Country | |
| Home phone | Home fax | Cell phone | | |
| Date of birth | Home e-mail | | | |

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

Company Information

| | | | | |
|----------------------|------------|---------------|---------------------|--|
| Company name/acronym | | | Job title | |
| Company address | | | Suite/floor number | |
| City | State | ZIP | Country | |
| Office phone | Office fax | Office e-mail | Company Web address | |

Preferred address *(check one)*

Mail (for print materials including *Architectural Record* for 2010 only): Home OR Office

E-mail (for correspondence including *Architect* magazine beginning in 2011): Home OR Office

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

Architecture degree *(To avoid processing delays, your application must include a copy of your diploma[s] or transcript[s].)*

| | | |
|-------------------------------------|---------------|--------|
| Type of degree (e.g., BArch, MArch) | Year received | School |
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Associate classification *(check all that apply)*

- Intern
- ARE candidate
- Professional Degree in architecture—traditional career (must provide a copy)
- Professional Degree in architecture—alternative career (must provide a copy)
- 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—"not licensed"

Ethnicity *(optional)*

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

- 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 member of any of the following professional organizations?

- GCBI LEED AP # _____
- USGBC National Member (Company)
- USGBC Local Member (Individual)

I was referred to join the AIA by (check only one):

- Local chapter
- State chapter
- National advertisement
- AIA member _____

Name

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 stated in the AIA Bylaws. _____

Signature

The AIA is a three-tiered organization requiring membership at the local, state, and national levels. Local Chapter affiliation is assigned by the ZIP code of your business or home address.

Assign me to the local AIA Chapter _____ based on my: office address home address

Contact your local Chapter or call AIA Information Central, 800-242-3837 option 2, to determine your state and local dues. Membership dues are calculated on a calendar year, January to December. New-member dues are prorated quarterly. *Without the correct dues amount, the processing of your application may be delayed.*

| Associate Dues | Joining between 10/1/10–3/31/11 | | Joining between 4/1/11–6/30/11 | | Joining between 7/1/11–9/30/11 |
|----------------|---------------------------------|------------|--------------------------------|------------|--------------------------------|
| National | \$105.00 | National | \$78.75 | National | \$52.50 |
| State | Call for dues. \$ | State | Call for dues. \$ | State | Call for dues. \$ |
| Local | Call for dues. \$ | Local | Call for dues. \$ | Local | Call for dues. \$ |
| TOTAL DUES | \$ | TOTAL DUES | \$ | TOTAL DUES | \$ |

Publisher's statement

Beginning January 2011, ARCHITECT will be 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 Only" option in your AIA member record. Learn more at www.aia.org/renew

You will begin receiving *Architect* at your preferred address 6 to 8 weeks after your application is processed.

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 Discover

Card number

Expiration date

Cardholder (*print name clearly*)

Signature

Return to:

The American Institute of Architects
 P.O. Box 64185
 Baltimore, MD 21264-4185
 Fax to 202-626-7547- E-mail to MemberServices@aia.org

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