



Please check one box:

- New Member
- Former Member# _____
- Advancing to Architect
- Advancing to Emeritus

Personal Information

Name _____ Date of Birth* _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____

Business Name _____

Business Address _____

City _____ State _____ ZIP _____

Business Phone _____ Business Fax _____ Email _____

Send all mail to: Home or Business

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

Local Chapter

Name of local AIA chapter to which you would like to be assigned: _____

Note: For chapter information, please contact the national AIA component at 800-AIA-3837.

Membership Category

The AIA is a three-tiered organization. Members join and maintain membership at all applicable levels—national, local, and state. The state and local dues amount may be obtained from your local chapter.

The rates quoted here are in effect until 6/30/02. Please contact your state and local chapter for your state/local dues rates.

Check ONE category to indicate membership eligibility:

- | | National Dues | State Dues | Local Dues | |
|--------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Architect | \$154.50 | \$ _____ | \$ _____ | Currently licensed to practice architecture in the U.S. in the state of _____. Proof of current license must be furnished to complete membership processing. |
| <input type="checkbox"/> Associate | \$66.75 | \$ _____ | \$ _____ | Not licensed to practice architecture, but meeting one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Participate in career responsibilities recognized by licensing authorities as constituting credit toward licensure (i.e., interns) <input type="checkbox"/> Are under the supervision of an architect in a professional or technical capacity <input type="checkbox"/> Are a faculty member in a university program in architecture <input type="checkbox"/> Hold a professional degree in architecture. |
| <input type="checkbox"/> International Associate | \$154.50 | Holder of an architecture license or equivalent from a non-U.S. licensing authority, but without license in the U.S. | | |
| <input type="checkbox"/> Emeritus | | An AIA member for 15 successive years and 70 years of age, or 60 years of age and fully retired, or incapacitated so as to be unable to work within the profession. | | |

Method of Payment

Check enclosed. (Make check for AIA dues payable to The American Institute of Architects.)

Charge my: Visa MasterCard American Express

Card # _____ Expiration Date _____

Total Charge _____ Signature _____

Member Information

The AIA works hard to tailor programs and services to meet the changing needs and diversity of our members. Please help us serve you better by taking a moment to provide the information requested below.

Individual Status

- (B) Owner/executive manager
- (C) Architect
- (D) Engineer
- (E) Designer (other than architect)
- (F) Draftsperson
- (G) Technical staff
- (Z) Other

Business Status

- (1) Architecture or A/E firm/private practice
- (2) Consulting engineering firm/private practice
- (3a) Design firm (not headed by an architect)
- (3b) Interior design firm
- (3c) Landscape design firm
- (3d) Other design firm
- (4) Contractor or builder
- (5) Government employee
- (6a) Corporate employee
- (6b) Private employee
- (7a) University personnel
- (7b) Student
- (8) Public library/professional society/trade association
- (9) Other

Ethnicity

- Caucasian
- African American
- Asian/Pacific Islander
- Native American/Alaskan Native
- Latino(a)
- Subcontinental Asian
- Other (includes multi-ethnic/racial)

Applicant's Signature

AIA membership is required at the local, state, and national levels as applicable. Members agree to abide by the AIA Bylaws, and AIA Code of Ethics and Professional Conduct. New architect members must meet continuing education requirements starting in their second year of membership.

Signature and Date

RETURN COMPLETED APPLICATION TO YOUR LOCAL COMPONENT OR THE AIA NATIONAL COMPONENT WITH FULL PAYMENT AND PROOF OF LICENSURE (IF APPLICABLE).

International residents (outside of continental Europe, the UK, and Hong Kong) send applications to AIA Membership Applications, 1735 New York Avenue, NW, Washington, DC, 20006-5292.

The \$32.00 annual subscription cost of *Architectural Record* magazine is included in your national dues. (This statement is made for auditing purposes only. Subscription costs are not deductible from membership dues.)

AIA Component Application check list

Please complete the following list to insure that your new member, reinstating member or upgrading member is correctly set up in the TIMSS database.

- 1) Member Name/ ID #: _____
 - 2) Individual is:
 - reinstating member
 - new member
 - upgrading to Architect
 - upgrading to Emeritus
 - 3) Enroll this member in the _____ component.
(name)
 - 4) Enroll this member as (indicate step level if applicable):
 - Associate Member @ \$ _____
 - Architect Member @ \$ _____
 - Emeritus Member @ \$ _____
 - _____ @ \$ _____
 - 5) Individual will qualify for dues at:
 - Full Dues Amount
 - 75% prorated amount
 - 50% prorated amount
 - 15 for 12
 - 6) Applicant has correctly completed the membership application.
 - yes
 - 7) Architect applicants copy of their license is included with application.
 - yes
 - 8) Amount of payment enclosed: \$ _____
-
- Completed by (name) _____ Date _____

Chapters please return all applications and payments to:

AIA Membership Applications
1735 New York Avenue, NW
Washington, DC 20006-5292