



# Associate Membership Application (Non-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                         |            | Province                   | Postal code      | Country |
| Home phone with country code |            | Home fax with country code | Cell phone       |         |
| Date of birth                |            | Home e-mail                |                  |         |

|                                 |                               |                |                     |         |
|---------------------------------|-------------------------------|----------------|---------------------|---------|
| Company name/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 |         |

**Preferred address** *(check one)*

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

E-mail (for correspondence):  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 \_\_\_\_\_

**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 \_\_\_\_\_

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

- Local component
- State component
- 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 component affiliation is assigned by the postal code of your business or home address.

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

**E-mail the AIA at infocentral@aia.org 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 10/1/09–3/31/10 |                   | Joining between 4/1/10–6/30/10 |                   | Joining between 7/1/10–9/30/10 |
|-------------------|---------------------------------|-------------------|--------------------------------|-------------------|--------------------------------|
| National          | \$105.00                        | National          | \$78.75                        | National          | \$52.50                        |
| State             | 114.00                          | State             | 85.50                          | State             | 57.00                          |
| Local             | 75.00                           | Local             | 56.25                          | Local             | 37.50                          |
| <b>TOTAL DUES</b> | <b>\$ 294.00</b>                | <b>TOTAL DUES</b> | <b>\$ 220.50</b>               | <b>TOTAL DUES</b> | <b>\$ 147.00</b>               |

**Publisher's statement**

National dues include a \$36.53 subscription cost for *Architectural Record*. This statement is made for auditing purposes only. Subscription costs are *not* deductible from membership dues. You will begin receiving *Architectural Record* 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

Card number

Expiration date

Cardholder (*print name clearly*)

Signature

**Please let us know who pays your professional AIA membership dues? (Please check one)**

- Firm/Company
- Myself
- Partial payment from Firm/Company

**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:                        |      |                |