

New Member		
Former Member		
	Member ID	

2017 National Individual Allied Membership Application

Those with established professional reputations who are registered to practice their professions where such requirements exist, or persons who are employed outside of architectural practice but are involved in positions allied to the field of architecture. Individual Allied members may include engineers, planners, landscape architects, sculptors, muralists, artists, and others in government, education, journalism, manufacturing, industry and/or other fields allied to architecture.

Personal Information	1						
	First		M.I.	Last			
Address					Apartment/Unit #		
City		State/Country			ZIP		
Home Phone		Home E-mail					
Home Fax		Cell Phone			DOB		
Company Informatio	n						
Company Name				Job Title			
Address					Suite/Floor		
City		State/Country			ZIP		
Office Phone		Office E-mail					
Office Fax		Company Web Address					
Mailing Preference: ☐ Hor		ary Email: Home	Office	P	rimary Phone: Home Office		
Check to receive the digital veriodically, AIA will make it	version only of ARCHITECT magazine [s mailing lists available to companies in t	J he build and design	industry. If	you do not want you	r mailing address shared, please check here:		
Degree Information							
Type of degree		Month/Year Received		School			
Code of Ethics							
	by the AIA Bylaws, the AIA Code of Eth le <u>of ethics</u> . To view the Terms & Condi				s & Conditions for membership. To view the Code of		
☐ I agree to abide by the C	ode of Ethics stated in the AIA Bylaws ar	nd Terms & Conditio	ns	ıre			



Check the profession that you represent:

Professional Information

☐ Art ☐ Construction Compa ☐ Consulting ☐ Education ☐ Engineer ☐ Landscape Architect ☐ Law Firm ☐ Planning ☐ Product Manufactur ☐ Publishing ☐ Real Estate ☐ Technology ☐ Urban Design ☐ Other	ture	US				□ Local chapter □ State chapter □ National mail or email advertisement				
Demographic Info	rmation (optional)									
Ethnicity (optional) Black or African American Asian White Hispanic or Latino Astive Hawaiian or Other Pacific Islander Two or More Races Decline to state 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 will be used for internal reporting purposes only to ensure we accurately reflect our membership demographics. Any personal information that you provide shall not, without your consent, be disclosed to third parties, except as permitted or required by law. Membership Dues Membership Dues Membership dues are calculated on a calendar year, January to December. New member dues are prorated quarterly.										
	Dues rates valid between 10/1/16 - 3/31/17		Dues rates valid between 4/1/17 - 6/30/17				lid between ' - 9/30/17			
TOTAL DUES	\$ 354.00	TOTAL	DUES	\$ 265.50		TOTAL DUES	TOTAL DUES \$ 177.00			
but may be eligible as a	our National membership dues. For business expense deduction. The American Institute of Architects			on, please vis □ Visa	it <u>www.aia.org/payl</u> MasterCard	oyinstallments. Dues are				
Card Number		!	Expiration	Date						
Name of Cardholder		;	Signature				Date			
Please let us know who	pays your professional AIA memb	ership dues:	☐ Firm/	company (ful	payment)	Firm/company (partial pa	yment)	☐ I pay them		
Please remit application and payment to: The American Institute of Architects, P.O. Box 64185, Baltimore, MD 21264-4185 E-mail to: memberservices@aia.org Fax to: (202) 626-7547										
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