

ш	New Member	
	Former Member	
		AIA Member ID

2019 Architect Membership Application

Individuals with an architectural license from a U.S. licensing authority are eligible for Architect membership. New or former members may join/rejoin online at aia.org/join.

Personal Information										
Prefix I	First	irst			M.I.	La	₋ast			
Address								Apartment/Unit #		
City			State/Cou	ntry				Postal Code		
Home Phone			Home E-m	nail						
Home Fax			Cell Phone	е				DOB		
Company Information										
Company Name								Job Title		
Address								Suite/Floor		
City			State/C	ountry				Postal Code		
Office Phone			Office E	Office E-mail						
Office Fax			Compa	Company Web						
Architecture Degree Type of degree	THAILING IIS	is available to companies in t	Month/Y Receive	/ear	industry.		chool	mailing address shared, please check here:		
License Information Y	our licens	se must be active to be eligi	ble for Arc	chitect m	embershi	p.				
State		Date Awarded		Expiration Date				License Number		
State		Date Awarded		Expirati	xpiration Date			License Number		
Please provide you licensure infor		State		Year	Year			Month		
Chapter Information										
The AIA is a three-tiered organ address. To view a list of chap			al, state, a	nd nation	al levels.	Cha	apter affiliation is as:	signed by the postal code of your office or home		
If you need help determining y	our chapt	er assignment, contact AIA In	formation (Central at	1 (800) 24	12-3	8837, option 2 or 1+	(202) 626-7300, option 2 (outside the U.S.)		
Assign me to the local AIA cha	apter		ba	ased on n	ny:	Hon	me address OR	☐ Office address		
Code of Ethics										
AIA members agree to abide be Ethics, visit www.aia.org/code	-							& Conditions for membership. To view the Code o		
☐ I agree to abide by the Coo	de of Ethic	cs stated in the AIA Bylaws ar	nd Terms &	Conditio	ns					

Signature

Date

	The American
	Institute
	of Architects

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Type of firm/company with which you	Primary role in firm/company:	Are you a member of any of the following
are currently employed:	☐ Principal/Partner	professional organizations?
☐ Architecture – sole practitioner	☐ Department head/Senior manager	☐ USGBC Local Member (Individual)
☐ Architecture firm	☐ Architect	☐ GBCI LEED AP #
☐ Multidisciplinary design firm/architecture as lead	☐ Project manager	☐ USGBC National Member (Company)
☐ Multidisciplinary design firm/architecture not lead	☐ Engineer	
☐ Corporate business	☐ Interior designer	Are you a previous member of?
☐ Government agency	Graphic designer	American Institute of Architecture Students (AIAS)
Construction	☐ Construction administrator	Associated Student Chapters/AIA (ASC/AIA)
☐ Interior design	Specification writer	☐ National Architecture Students Association (NASA)
Landscape	☐ CAD manager	I was referred to join the AIA by:
☐ Urban design	☐ Architectural drafter	☐ Local chapter
☐ University/college	☐ Educator	☐ State chapter
Library or association		☐ National mail or email advertisement
Other		Promotion Code
		AlA member
		Other
Demographic Information (optional)		
Race (optional)	Gender (optional)	Special Accommodations (optional)
Black or African American	☐ Male	Hearing disability
∐ Asian	Female	☐ Visual disability
☐ White☐ Hispanic or Latino	☐ Other ☐ Prefer not to disclose	☐ Physical disability ☐ Other
American Indian or Alaska Native		
Native Hawaiian or Other Pacific Islander		
Two or More Races		

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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

Prefer not to disclose

To determine your state and local dues amounts, please contact AIA Information Central at 1 (800) 242-3837, option 2 or 1+ (202) 626-7300, option 2 (outside the U.S.)

	Joining between 10/1/18 - 3/31/19		Joining between 4/1/19 - 6/30/19		Joining between 7/1/19 - 9/30/19
Local Chapter Dues	\$	Local Chapter Dues	\$	Local Chapter Dues	
State Chapter Dues	\$	State Chapter Dues	\$	State Chapter Dues	
National Dues	\$	National Dues	\$	National Dues	\$
TOTAL DUES	\$	TOTAL DUES	\$	TOTAL DUES	\$

Membership total dues amounts must be completed for local and state chapters prior to submission.

Payment

Please submit full payment of your local, state and national dues. Dues Installment plan available October 1 - April 30th for enrollment, please visit

www.aia.org/paybyinstallments for terms and conditions. Dues are not a tax-deductible donation, but may be eligible as a business expense deduction.							
☐ Check (payable to The American Institute of Architects)	Credit Card	Type: 🔲 Visa	☐ MasterCard	☐ American Express	☐ Discove	r	
Card Number	Exp	piration Date					
Name of Cardholder		nature		Date			
Please let us know who pays your professional AIA membership dues:		☐ Firm/company (full payment)		Firm/company (partial pay	ment) [☐ I pay them	
Please remit application and payment to:							

By mail: The American Institute of Architects, P.O. Box 64185, Baltimore, MD 21264-4185 | By secure fax to: (202) 626-7547 Questions? E-mail us at: memberservices@aia.org

Publisher's Statement

ARCHITECT is 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 version only" option in the Mailing Preference section of this application. Learn more at www.aia.org/join. Members can choose to have their print edition of ARCHITECT magazine sent to a different individual, such as a local school of architecture or library. Please contact us by phone at (800) 242-3837, option 2 or 1+ (202) 626-7300, option 2 (outside the U.S.) to facilitate donating your print edition of ARCHITECT magazine. You will begin receiving ARCHITECT magazine at your preferred address 6 to 8 weeks after your application is processed.

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