

2019 Associate Membership Application – NEW GRADUATE (NAAB Degree Holders Only) New Graduates may also join online at aia.org/join.

Personal Information										
Prefix	First		M.I.	Last						
Address					Apartment/Unit #	Apartment/Unit #				
City		State/Country			Postal Code					
Home Phone		Home E-mail								
Home Fax (Cell Phone			DOB					
Company Information	n (If applicable)									
Company Name					Job Title					
Address				Suite/Floor						
City		State/Country			Postal Code					
Office Phone	Office E-mail	Office E-mail								
Office Fax	Company Web Address									
Mailing Preference: Hom	ne 🗌 Office Prima	ary Email: Home	e 🗌 Office		Primary Phone: Home Gffice					
Check to receive the digital version only of ARCHITECT magazine: Periodically, AIA will make its mailing lists available to companies in the build and design industry. If you do not want your mailing address shared, please check here:										
		Eligibility Re	quireme	nts						
To find your institution and degree eligibility, visit www.aia.org/join_grad NAAB Degree Holders: Recently graduated with a NAAB-accredited Bachelor's, Master's, or Doctorate professional degree in architecture within approximately the past 1-18 months										
NAAB Accredited A	rchitecture Degree (Please at	tach copy of de	egree)							
Type of degree		Month/Year Received		School						
Chapter Assignment										
The AIA is a three-tiered orga	anization requiring membership at the locupters, visit aia.org/find-chapter.	cal, state, and nation	al levels. (Chapter affiliation is	assigned by the postal code of your office or home					
If you need help determining	your chapter assignment, contact AIA In	formation Central at	1 (800) 24	2-3837, option 2 or	1+ (202) 626-7300, option 2 (outside the U.S.)					
Assign me to the local AIA ch	napter	based on n	ny: 🔲 I	Home address C	OR Office address					
Code of Ethics										
_	by the AIA Bylaws, the AIA Code of Ethi e of ethics. To view the Terms & Condit			-	ms & 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 & Condition	ns Signatu	re	Date					

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of Architects 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		Are you a member of any of the following professional organizations? USGBC Local Member (Individual) GBCI LEED AP # USGBC National Member (Company) Are you a previous member of? American Institute of Architecture Students (AIAS) Associated Student Chapters/AIA (ASC/AIA) National Architecture Students Association (NASA)		I was referred to join the AIA by: Local chapter State chapter National mail or email advertisement Promotion Code AIA member Other	
Demographic Information	(optional)				
Race (optional) Black or African American Asian White Hispanic or Latino American Indian or Alaska Nat Native Hawaiian or Other Pacit Two or More Races Prefer not to disclose		Gender (optional) Male Female Other Prefer not to disclose		Special Accommodations (optional) Hearing disability Visual disability Physical disability Other	
Membership Dues Please note that the AIA is a three- national component. Some local an Information Central at 1 (800) 242-	permitted or required by law. tiered organization. Although y d state AIA chapters charge a	our membership is at the	e national, state, and local . To determine if your loca he U.S.)	levels, this promotional offe	er applies only to dues for the
	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	\$ 0.00	National Dues	\$0.00	National Dues	\$0.00
TOTAL DUES	\$	TOTAL DUES	\$	TOTAL DUES	\$
Payment Dues Installment plan available Oct donation, but may be eligible as a but the condition of the cond	ousiness expense deduction.		rg/paybyinstallments for ter	rms and conditions. Dues a	
Card Number		Expiration Date			
Name of Cardholder		Signature		Date	
Please let us know who pays your Please remit application and pay By mail: The American Institute of A Questions? E-mail us at: members	ment to: Architects, P.O. Box 64185, Ba	·		rm/company (partial paymo	ent)

Publisher's Statement

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