The American Institute of Architects

2017 Associate Membership Application - NEW GRADUATE (Non-NAAB Degree Holders Only)

Personal Information

	First	M.I.	Last
Address			Apartment/Unit #
City	State/Country		ZIP
Home Phone	Home E-mail		
Home Fax	Cell Phone		DOB

Company Information (If applicable)

Company Name		Job Title
Address		Suite/Floor
City	State/Country	ZIP
Office Phone	Office E-mail	
Office Fax	Company Web Address	

Mailing Preference: ◯ Home ◯ Office **Primary Email:** ◯ Home ◯ Office **Primary Phone:** ◯ Home ◯ Office

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 Requirements

To find your institution and degree eligibility, visit www.aia.org/join_grad

☐ Non-NAAB Degree Holders: Currently work under the supervision of an architect in a professional or technical capacity directly related to the practice of architecture, AND recently graduated from a non-NAAB accredited Bachelor's, Master's, or Doctorate program within approximately the past 1-18 months

Architecture Degree (Please attach copy of degree)

Type of degree	Month/Year Received	School

Architect Name_____ License State_____ License #_____

☐ Non-NAAB Degree Holders (Enrolled in NCARB AXP Program): Currently work under the supervision of an architect in a professional or technical capacity directly related to the practice of architecture, AND currently enrolled or participating in circumstances recognized by licensing authorities as constituting credit towards architectural licensure

NCARB ID# _____

Architect Name_____ License State_____ License #_____

Chapter Assignment

The AIA is a three-tiered organization requiring membership at the local, state, and national levels. Chapter affiliation is assigned by the zip code of your office or home address. To view a list of chapters, visit www.aia.org/about/structure.

If you need help determining your chapter assignment, contact AIA Information Central at 1 (800) 242-3837, option 2.

Assign me to the local AIA chapter _____ based on my: ◯ Home address **OR** ◯ Office address

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Code of Ethics

AIA members agree to abide by the AIA Bylaws, the AIA Code of Ethics and Professional Conduct and agree to the Terms & Conditions for membership. To view the Code of Ethics, visit www.aia.org/code_of_ethics. To view the Terms & Conditions, visit www.aia.org/terms_of_service.

☐ I agree to abide by the Code of Ethics stated in the AIA Bylaws and Terms & Conditions _____

Signature Date

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 _____

Demographic Information (optional)

Ethnicity *(optional)*

- ☐ Black or African American
- ☐ Asian
- ☐ White
- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Two or More Races
- ☐ Decline to state

Gender *(optional)*

- ☐ Male
- ☐ Female
- ☐ Decline to state

Special Accommodations *(optional)*

- ☐ Hearing disability
- ☐ Visual disability
- ☐ Physical disability
- ☐ Other_____

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

Please note that the AIA is a three-tiered organization. Although your membership is at the national, state, and local levels, this promotional offer applies only to dues for the national component. Some local and state AIA chapters charge a nominal membership fee. To determine if your local and state chapters charges dues, please contact AIA Information Central at 1 (800) 242-3837, option 2.

	Dues rates valid between 10/1/16 - 3/31/17		Dues rates valid between 4/1/17 - 6/30/17		Dues valid between 7/1/17 - 9/30/17
National	$0.00	National	$ 0.00	National	$0.00
State	$	State	$	State	$
Local	$	Local	$	Local	$
TOTAL DUES	$0.00	**TOTAL DUES**	$0.00	**TOTAL DUES**	$0.00

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Payment

For payment plan information, please visit www.aia.org/paybyinstallments. 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 ☐ Discover

Card Number Expiration Date

Name of Cardholder Signature Date

Please let us know who pays your professional AIA membership dues: ☐ Firm/company (full payment) ☐ Firm/company (partial payment) ☐ 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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