



National Individual Allied Membership Application

Created at the national level to promote communication among all members of the design and construction team, individual allied membership is open to engineers, planners, landscape architects, sculptors, muralists, artists, and those in government, education, journalism, and manufacturing industry, and other fields allied to architecture. Individuals must not be otherwise eligible for membership in the Institute. Contact your local component if you are interested in local allied membership.

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	State	ZIP	Country
Home phone	Home fax	Cell phone	
Date of birth	Home e-mail		

*Your birth date enables the AIA Trust to issue new architect members a \$15,000 life insurance policy premium free for one year.

Company name/acronym			Job title
Company address			Suite/floor number
City	State	ZIP	Country
Company phone	Company fax	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.

Professional Information *(Check the profession that you represent.)*

- Engineer
- Publishing
- Product Manufacturing
- Real Estate
- Planning
- Consulting
- Education
- Landscape architecture
- Construction Company

- Interior design
- Law firm
- Art
- Contracting
- Technology
- Other _____

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

- Local component
- State component
- National advertisement
- AIA member _____

Name

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 shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

Allied 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 as stated in the AIA Bylaws. _____
Signature

Membership is based on a calendar year from January to December. New and reinstated member dues are prorated quarterly.

Allied 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	\$326.00	National	\$244.50	National	\$163.00
TOTAL DUES	\$	TOTAL DUES	\$	TOTAL DUES	\$

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
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Fax to 202-626-7547
E-mail to MemberServices@aia.org