

2020 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 #				
City		State/Country			Postal Code				
Home Phone		Home E-mail							
Home Fax		Cell Phone			DOB				
Company Information (f applicable)								
Company Name				Job Title					
Address				Suite/Floor					
City		State/Country			Postal Code				
Office Phone	Office E-mail								
Office Fax	Company Web Address								
Mailing Preference: ☐ Hon	ne 🗌 Office Prim	ary Email: ☐ Home	Office	Pr	rimary Phone:				
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 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 Architecture Degree (Please attach copy of degree)									
Type of degree		Month/Year Received		School					
Chapter Assignment									
The AIA is a three-tiered org	anization requiring membership at the lo upters, visit aia.org/find-chapter.	cal, state, and nation	al levels. C	Chapter affiliation is a	ssigned by the postal code of your office or home				
If you need help determining	your chapter assignment, contact AIA Ir	nformation Central at	1 (800) 242	2-3837, option 2 or 1+	+ (202) 626-7300, option 2 (outside the U.S.)				
Assign me to the local AIA chapter based on my: Home address OR Office address									
Code of Ethics									
	by the AIA Bylaws, the AIA Code of Etheor of ethics. To view the Terms & Condi				s & Conditions for membership. To view the Code of				
☐ Lagran to chide by the Code of Ethios stated in the AIA Bylovia and Tarma & Conditions									

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Signature

Date



Professional Information

Type of firm/company with whice are currently employed: Architecture – sole practitioned Architecture firm Multidisciplinary design firm/ad Multidisciplinary design firm/ad Corporate business Government agency Construction Interior design Landscape Urban design University/college Library or association Other	r rchitecture as lead	Are you a member of a following professional USGBC Local Mem GBCI LEED AP #_ USGBC National M Are you a previous me American Institute of Students (AIAS) Associated Student (ASC/AIA) National Architecture Association (NASA)	d organizations? heber (Individual) ember (Company) ember of? of Architecture c Chapters/AIA re Students	I was referred to join the Local chapter State chapter National mail or email Promotion Code AIA member Other	advertisement			
Demographic Information (optional)							
Race (optional) Black or African American Asian White Hispanic or Latino American Indian or Alaska Na Native Hawaiian or Other Pac		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 a Information Central at 1 (800) 242	nd state AIA chapters charge a	our membership is at the	. To determine if your loca					
	Joining between 10/1/19 - 3/31/20		Joining between 4/1/20 - 6/30/20		Joining between 7/1/20 - 9/30/20			
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	\$			
Membership total dues amounts must be completed for local and state chapters who may charge dues prior to submission. Payment The Dues Installment plan is available October 1 -April 30th. For enrollment, please visit www.aia.org/a ^ a call ^ c 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 Please remit application and pa By mail: The American Institute of Questions? E-mail us at: members	yment to: Architects, P.O. Box 64185, Ba		iny (full payment) 🔲 Fir	rm/company (partial payme	ent) 🔲 I pay them			

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