



International Associate Membership Application (Licensed by non-U.S. authority—U.S. resident)

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.

Architecture degree

Type of degree (e.g., BArch, MArch) Year received School

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Countries in which you are licensed to practice *(To avoid processing delays, your application must include a copy of your current license.)*

Country Initial year of licensure Country Initial year of licensure

Ethnicity *(optional)*

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- American Indian/Alaskan Native
- Subcontinental Asian
- Other _____

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 _____

Primary role in firm/company

- Principal/partner
- Department head/senior manager
- Architect
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter

Are you a previous member of an AIAS chapter? If yes, check appropriate box.

- 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 (check only one):

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

Name

International Associate 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 stated in the AIA Bylaws. _____

Signature

The AIA is a three-tiered organization requiring membership at the local, state, and national levels. Local component affiliation is assigned by the ZIP code of your business or home address.

Assign me to the local AIA component _____ based on my: business address home address

Contact your local component or call AIA Information Central, 800-242-3837, to determine your state and local dues. Membership dues are calculated on a calendar year, January to December. New-member dues are prorated quarterly. *Without the correct dues amount, the processing of your application may be delayed.*

Intl Associate 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	\$177.00	National	\$132.75	National	\$88.50
State	\$108.00	State	\$81.00	State	\$54.00
Local	\$50.00	Local	\$37.50	Local	\$25.00
TOTAL DUES	\$335.00	TOTAL DUES	\$251.25	TOTAL DUES	\$167.50

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
 P.O. Box 64185
 Baltimore, MD 21264-4185
 Fax to 202-626-7547
 E-mail to MemberServices@aia.org

Office Use Only		
Component executive signature	Date	Component name
Notes:		