**2017 Architect Membership Application (GOVERNMENT EMPLOYEE)**

Individuals with an architectural license from a U.S. licensing authority are eligible for Architect membership.

If you are new to the AIA, please join online at [www.aia.org/join](http://www.aia.org/join). If you were a member previously, please proceed with completing this application.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | | | | | | | | | |
| Mr. Mrs. Ms. | |  | | First | |  | M.I. | | Last | | | |  |
| Address | | |  | | | | | | | Apartment/Unit # | | |  |
| City |  | | | | State/Country |  | | | | ZIP | |  | |
| Home Phone |  | | | | Home E-mail | | |  | | | | | |
| Home Fax | | |  | | Cell Phone |  | | | |  | DOB | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Information | | | | | | | | |
| 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:

|  |  |  |
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| **Architecture Degree** | | |
| Type of degree | Month/Year  Received | School |

|  |  |  |  |
| --- | --- | --- | --- |
| **License Information Your license must be active to be eligible for Architect membership.** | | | |
| State | Date Awarded | Expiration Date | License Number |
| State | Date Awarded | Expiration Date | License Number |
| Please provide your initial  licensure information: | State | Year | Month |

**Chapter Information**

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.](http://www.aia.org/about/structure/components/AIAS078541)

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

**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](http://www.aia.org/code_of_ethics). To view the Terms & Conditions**,** visit [www.aia.org/terms\_of\_service](http://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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

Educator

**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

**Special Accommodations** *(optional)*

Hearing disability

Visual disability

Physical disability

Decline to state

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**

To determine your state and local dues amounts, 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 | $ 265.00 | National | $ 198.75 | National | $ 132.50 |
| State | $ 240.00 | State | $ 180.00 | State | $ 120.00 |
| Local | $ | Local | $ | Local | $ |
| **TOTAL DUES** | **$ 505.00** | **TOTAL DUES** | **$ 378.75** | **TOTAL DUES** | $ 252.50 |

**Payment**

Please submit full payment of your local, state and national dues. For payment plan information, please visit [www.aia.org/paybyinstallments](http://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](mailto:memberservices@aia.org) | Fax to: (202) 626-7547  
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