

2018 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	n (If applicable)					
Company Name				Job Title		
Address				Suite/Floor		
City		State/Country			ZIP	
Office Phone		Office E-mail	Office E-mail			
Office Fax		Company Web Address				
Mailing Preference: ☐ Hon	ne 🗌 Office Prima	ary Email: Home	☐ Office	Pı	rimary Phone:] Office
	ersion only of ARCHITECT magazine: [s mailing lists available to companies in t		industry. If	vou do not want vou	r mailing address shared, plea	ise check here:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Eligibility Requ			,	
	•			www.aia.org/join grad	-	
	Currently work under the supervision of n-NAAB accredited Bachelor's, Master's					architecture, AND
Architecture Degree	(Please attach copy of degree	e)				
Type of degree		Month/Year Received		School		
Architect Name		License State		License #		
	Enrolled in NCARB AXP Program): Curr					
NCARB ID#				Licence #		
Architect Name		License State		License #		
Chapter Assignment						
	anization requiring membership at the loop pters, visit <u>aia.org/find-chapter</u>	cal, state, and nation	al levels. (Chapter affiliation is a	ssigned by the zip code of you	ır office or home
If you need help determining	your chapter assignment, contact AIA In	formation Central at	1 (800) 24	2-3837, option 2 or 1-	+ (202) 626-7300, option 2 (ou	itside the U.S.)
Assign me to the local AIA cl	napter	based on n	ny: 🔲 I	Home address OR	Office address	
Code of Ethics						
	by the AIA Bylaws, the AIA Code of Eth	ics and Professional	Conduct a	nd agree to the Term	s & Conditions for membership	p. To view the Code of
<u> </u>	e of ethics. To view the Terms & Condi			-		
☐ I agree to abide by the C	ode of Ethics stated in the AIA Bylaws ar	nd Terms & Condition				Data
			Signatu	ii e		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		following profe USGBC Loc GBCI LEED USGBC Nat Are you a previ American In Students (A Associated (ASC/AIA)	Student Chapters/AIA	I was referred to join the AIA by:					
Demographic Info	rmation (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 Prefer not to disclose		Gender (optiona	,	Special Accommodations (optional) Hearing disability Visual disability Physical disability Other					
national component. Sor	is a three-tiered organization. Althoune local and state AIA chapters charg (800) 242-3837, option 2 or 1+ (202) 6 Dues rates valid between 10/1/17 - 3/31/18	e a nominal member	ship fee. To determine if your lo						
National	\$0.00	National	\$0.00	National	\$0.00				
State	\$	State	\$	State	\$				
Local	\$ 0.00	Local	\$ 0.00	Local	\$ 0.00				
TOTAL DUES	\$	TOTAL DUES	\$	TOTAL DUES	\$				
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 Expiration Date									
Name of Cardholder		Signatur	e		Date				
Please let us know who Please remit application Western Massachusetts	pays your professional AIA membersh n and payment to: AIA/AIA, 290 Congress Street Suite 20 membership@architects.org	nip dues:	/company (full payment)	Firm/company (partial pa	_				

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