



New-Graduate Membership Application

In order to take advantage of the new-graduate offer, you must have graduated within the past 18 months with a professional degree in architecture from an accredited school of architecture.

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 _____

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 *(To avoid processing delays, your application must include a copy of your diploma[s] or transcript[s].)*

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

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Associate classification *(check all that apply)*

- Intern
- ARE candidate
- Professional Degree in architecture—traditional career *(must provide a copy)*
- Professional Degree in architecture—alternative career *(must provide a copy)*
- I work under the supervision of an architect in a professional capacity
- I work under the supervision of an architect in a technical capacity
- I work as a faculty member in a university program in architecture—"not licensed"

Ethnicity *(optional)*

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- American Indian/Alaskan Native
- Subcontinental Asian
- 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 shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

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

- Designer
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter
- Educator
- Controller
- Bookkeeper
- Accounting clerk
- Business development manager
- Marketing manager
- Marketing assistant

- Human Resources director
- Human Resources manager
- Office manager
- Administrative assistant
- Receptionist
- Librarian
- Other _____

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

- Local component
- State component
- National advertisement
- National advertisement - NEWGRAD09
- AIA member _____
Name

New-Graduate 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 _____

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

Only individuals who have graduated with a professional degree in architecture from an accredited school during the 2008–2009 school year are eligible to apply. You must provide a copy of your diploma(s) or transcript(s) in order to receive the complimentary membership at the national level.

New-Graduate 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	\$0.00	National	\$0.00	National	\$0.00
State	Call for dues. \$	State	Call for dues. \$	State	Call for dues. \$
Local	Call for dues. \$	Local	Call for dues. \$	Local	Call for dues. \$
TOTAL DUES	\$	TOTAL DUES	\$	TOTAL 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 _____

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:		