



2010 Membership Application (Licensed in U.S. and/or U.S. resident)

Personal Information *(Print your name clearly as you want it to appear on your membership certificate and card.)*

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/Company acronym		Job title		
Company address			Suite/floor number	
City	State	ZIP		
Company phone	Company fax	E-mail	Company Web & e-mail address	

Architecture degree *(must provide a copy for Associate AIA membership only)*

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

States in which you are licensed to practice *(please provide a copy of each license)*

State	Initial year of licensure	State	Initial year of licensure
State	Initial year of licensure	State	Initial year of licensure

AIA Architect

Architect licensed in the U.S. *(Please provide a copy of licensure)*

Associate AIA

- Intern
- ARE candidate
- Degree in architecture—traditional career *(Please provide copy of degree)*
- Degree in architecture—alternative career *(Please provide copy of degree)*
- 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 & am not licensed as an architect.

International Associate AIA

I hold an architecture license or equivalent from a non-U.S. licensing authority *(Please provide a copy of licensure)*

Preferred Address *(check one)*

Mail (for print materials incl. Architectural Record): Office or Home
E-Mail (for correspondence): Office or Home

I do not wish to be listed in any membership list sold by the AIA to third parties.

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

- Architect
- Principal/Partner
- Department Head/Sr. Manager
- 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/Manager
- Office manager /Administrative/Receptionist
- Librarian
- Other _____

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

- American Institute of Architecture Students (AIAS)
- Associate Student Chapters/AIA (ASC/AIA)
- National Architecture Students Association (NASA)

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

- State or local component
- National advertisement
- AIA member _____

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 they are listed 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 zip code based on your business or home address.

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

Membership dues are calculated on a calendar year, January to December. Member dues are prorated quarterly. Dues indicated below are for those joining between 07/01/2010 – 09/30/2010. **Without the correct dues amount or requested copies of licensures and/or architecture degrees, the processing of your application may be delayed.**

Joining between 7/1/10–9/30/10	Architect, Employee Dues	Architect, Principal Dues	New Associate AIA Dues	International Associate AIA Dues
National	\$122.00	\$122.00	\$52.50	\$ 88.50
State	\$107.50	\$150.00	\$30.00	\$ 40.00
Local	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL DUES	\$229.50	\$272.00	\$82.50	\$128.50

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.

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 _____ Signature _____

Return to:
AIA Wisconsin
321 S. Hamilton St.
Madison, WI 53703-4000
(608) 257-8477

Office Use Only		
Component executive signature	Date	Component name
Notes:		