

# 2016 Associate New Graduate Membership Application

### 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 (If applicable)**

| Company Name | Job Title              |             |
|--------------|------------------------|-------------|
| Address      |                        | Suite/Floor |
| City         | State/Country          | ZIP         |
| Office Phone | Office E-mail          |             |
| Office Fax   | Company Web<br>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:

### **Eligibility Requirements**

To find your institution and degree eligibility, visit www.aia.org/join grad

Non-NAAB Degree Holders: Currently work under the supervision of an architect in a professional or technical capacity directly related to the practice of architecture, AND recently graduated from a non-NAAB accredited Bachelor's, Master's, or Doctorate program within approximately the past 1-18 months

### Architecture Degree (Please attach copy of degree)

| Type of degree | Month/Year<br>Received | School    |
|----------------|------------------------|-----------|
| Architect Name | License State          | License # |

Non-NAAB Degree Holders (Enrolled in NCARB IDP Program): Currently work under the supervision of an architect in a professional or technical capacity directly related to the practice of architecture, AND currently enrolled or participating in circumstances recognized by licensing authorities as constituting credit towards architectural licensure NCARB ID#

Architect Name\_\_\_\_\_ License State\_\_\_\_\_ License #\_\_\_\_

### **Chapter Assignment**

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.

If you need help determining your chapter assignment, contact AIA Information Central at 1 (800) 242-3837, option 2.

\_\_\_\_ based on my: 
\_\_\_\_ Home address OR Assign me to the local AIA chapter \_\_\_\_ 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. To view the Terms & Conditions, visit 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** I was referred to join the AIA by: Type of firm/company with which you Are you a member of any of the Local chapter are currently employed: following professional organizations? State chapter USGBC Local Member (Individual) Architecture – sole practitioner National mail or email advertisement П П Architecture firm GBCI LEED AP # Promotion Code \_ Multidisciplinary design firm/architecture as lead USGBC National Member (Company) AIA member Multidisciplinary design firm/architecture not lead Are you a previous member of? Corporate business American Institute of Architecture Government agency Students (AIAS) Construction П Associated Student Chapters/AIA Interior design (ASC/AIA) Landscape National Architecture Students Urban design Association (NASA) University/college Library or association

Gender (optional)

□ Male

Female

Other

## **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

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**

Please note that the AIA is a three-tiered organization. Although your membership is at the national, state, and local levels, this promotional offer applies only to dues for the national component. Some local and state AIA chapters charge a nominal membership fee. To determine if your local and state chapters charges dues, please contact AIA Information Central at 1 (800) 242-3837, option 2.

|            | Dues rates valid between<br>10/1/15 - 3/31/16 |            | Dues rates valid between<br>4/1/16 - 6/30/16 |            | Dues valid between<br>7/1/16 - 9/30/16 |
|------------|---|------------|--|------------|--|
| National   | \$  | National   | \$   | National   | \$                                     |
| State      | \$  | State      | \$   | State      | \$                                     |
| Local      | \$  | Local      | \$   | Local      | \$                                     |
| TOTAL DUES | \$  | TOTAL DUES | \$   | TOTAL DUES | \$                                     |

Hearing disability

Visual disability

Decline to state

Special Accommodations (optional)



# 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 |
|--|------------------------------------|-----------------------------|----------|
| Card Number  | Expiration Date                    |                             |          |
| Name of Cardholder   | Signature                          | [                           | Date     |
| Please let us know who pays your professional AIA membersh | ip dues: 🛛 🗌 Firm/company (full pa | ayment)                     | nent)    |
| Places remit application and payment to                    |                                    |                             |          |

### Please remit application and payment to:

Boston Society of Architects, 290 Congress Street, Suite 200, Boston, MA 02210-1024 E-mail form to: <u>membership@architects.org</u> | Fax to: (617) 951-0845

### Publisher's Statement

ARCHITECT is the official magazine of the AIA. Your membership dues include a paid subscription to ARCHITECT magazine, at a value of \$29.50 for one year. You can choose to receive only the digital version of the magazine by selecting the "Digital version only" option in the Mailing Preference section of this application. Learn more at www.aia.org/join. Members can choose to have their print edition of ARCHITECT magazine sent to a different individual, such as a local school of architecture or library. Please contact us by phone at (800) 242-3837 (option 2) to facilitate donating your print edition of ARCHITECT magazine. You will begin receiving ARCHITECT magazine at your preferred address 6 to 8 weeks after your application is processed.