



Associate Membership Application (U.S. resident)

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 _____

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
- AIA member _____
Name

Associate 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 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 **AIA Grand Valley** based on my: business address home address

Membership dues are calculated on a calendar year, January to December. New-member dues are prorated quarterly. *Without the correct dues amount, the processing of your application may be delayed.*

Associate 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	\$105.00	National	\$78.75	National	\$52.50
State	\$50.00	State	\$37.50	State	\$25.00
Local	\$45.00	Local	\$33.75	Local	\$22.50
TOTAL DUES	\$ 200.00	TOTAL DUES	\$ 150.00	TOTAL DUES	\$ 100.00

SEE DUES TABLE FOR YOUR CHAPTER

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. 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

Please let us know who pays your professional AIA membership dues? (Please check one)

- Firm/Company
- Myself
- Partial payment from Firm/Company

Return to:

AIA Michigan
Membership
553 East Jefferson Avenue
Detroit MI 48226

Office Use Only		
Component executive signature	Date	Component name
Notes:		