



# Membership Application

## Personal Information

Please print clearly.

Mr.  Mrs.  Ms.      First Name      M.I.      Last Name

Date of Birth\*      Job Title

States in which you are licensed to practice (you must provide a copy of each license)      Year of Licensure

Company/Firm Name      Company Acronym

Office Address (include suite number)      City      State      ZIP

Home Address (include apt. number)      City      State      ZIP

Main Company Phone      Company Web Site

Direct Office Phone      Extension      Fax      Office E-mail

Home Phone      Home E-mail

Preferred Address: (check one)     Office     Home

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

\* Your birth date enables the AIA Trust to issue new architect members a \$15,000 life insurance policy premium free for one year.

## Member Information

Please check all that apply.

### Individual Position

- Firm owner
- Managing partner
- Architect
- Engineer
- Designer
- Draftsperson
- Technical staff
- Intern
- Faculty member
- Government architect
- Other \_\_\_\_\_

### Business Practice

- Architecture
- Multidisciplinary design
  - w/architecture as lead discipline
  - w/out architecture as lead discipline
- Landscape/urban design
- Interior design
- University/college
- Academic unit
- Government
- Other \_\_\_\_\_

### Ethnicity (optional)

- African American
- Asian/Pacific Islander
- Caucasian
- Latino(a)
- Native American/  
Alaskan Native
- Subcontinental Asian
- Other (includes  
multiethnic/  
\_\_\_\_\_)

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.

