



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		

*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/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 you 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

- Principal/partner
- Department head/senior manager
- Architect
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter

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

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

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 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 transcripts(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	\$0.00	State	\$0.00	State	\$0.00
Local	\$0.00	Local	\$0.00	Local	\$0.00
TOTAL DUES	\$0.00	TOTAL DUES	\$0.00	TOTAL DUES	\$0.00

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 _____ Signature _____

Return to:
AIA Las Vegas / Nevada
401 S. 4th St., Ste: 175
Las Vegas, NV. 89154
Fax to 702-895-4417
E-mail to klavigne@aianeveda.org

Office Use Only		
Component executive signature	Date	Component name
Notes:		