



International Associate Membership Application (Licensed by non U.S. authority—U.S. resident) 2010

Personal Information *(please print clearly)*

Mr. Mrs. Ms.	First name	M.I.	Last name
Home address			Apartment number
City		State	ZIP
Home phone		Home fax	
Date of birth		Home e-mail	

Company name/Company acronym			Job title
Company address			Suite/floor number
City		State	Postal code
Company phone	Company fax	Company e-mail	Company Web address

Architecture Degree *(must provide a copy)*

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

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

Country	Initial year of licensure	Country	Initial year of licensure
Country	Initial year of licensure	Country	Initial year of licensure

International Associate Classification

I hold an architecture license or equivalent from a non-U.S. licensing authority

Preferred Address *(check one)*

Office 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
- Sub-continental 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

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

International 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 as they are listed in the AIA Bylaws. _____
Signature

Intl. Assoc. AIA only indicates that applicant is licensed in a country other than the U.S.

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.

My component affiliation is _____

Membership dues are calculated on a calendar year, January to December. New member dues are prorated quarterly. You may contact your local component or AIA Information Central, 800-242-3837, to determine your annual membership dues.

Intl Associate Dues	Joining between 1/1/10–3/31/10		Joining between 10/1/10–3/31/10		Joining between 10/1/10–3/31/10
National	\$177.00	National	\$132.75	National	\$88.50
State	\$120.00	State	\$90.00	State	\$60.00
Local		Local		Local	
TOTAL DUES	\$	TOTAL DUES	\$	TOTAL DUES	\$

Publisher's statement

National dues include a \$49.00 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 North Carolina
Kathie Rainey
115 West Morgan Street
Raleigh, NC 27601
Fax to 919-833-2015
Email to krainey@aianc.org

Office Use Only		
Component executive signature	Date	Component name
Notes:		