

Thank you for your interest in joining the AIA and choosing the Boston Society of Architects (BSA) as your local chapter. The next two pages of this document are the application form for AIA membership. This first page explains the dues amounts for 2024.

The AIA is a three tier organization requiring membership in the national, state and local chapter. Local and state dues are combined under one amount for BSA dues.

Dues amounts will be pro-rated on a monthly basis for first-time and reinstating applicants joining during the year as follows.

	Joining								
	Between								
	1/1-	2/1-	3/1-	4/1-	5/1-	6/1 –	7/1 –	8/1-	9/1 –
	1/31	2/29	3/31	4/30	5/31	6/30	7/31	8/31	9/30
BSA Dues New	\$415.00	\$380.42	\$345.83	\$311.25	\$276.67	\$242.08	\$207.50	\$172.92	\$138.33
Members									
BSA Dues Reinstating Members	\$675.00	\$618.75	\$562.50	\$506.25	\$450.00	\$393.75	\$337.50	\$281.25	\$225.00
AIA (national) Dues	\$318.00	\$291.50	\$265.00	\$238.50	\$212.00	\$185.50	\$159.00	\$132.50	\$106.00

Architects must include a copy of a current architect registration card.

Mail completed applications to:

The American Institute of Architects – Membership PO Box 830080 Philadelphia, PA 19182-0080 Online:

membership.aia.org

Note: If you wish to join the Central Massachusetts Chapter of the American Institute of Architects please go to www.aiacm.org or the Western Massachusetts Chapter of the American Institute of Architects please go to www.wmaia.org.

Questions? Write the BSA at membership@architects.org



☐ New Member		
☐ Former Member		
	AIA Member ID	

2024 Architect Membership Application

Individuals with an architectural license from a US licensing authority are eligible for Architect membership. New or former members can join/rejoin online at aia.org/join.

Personal informa	ntion										
Prefix	First		M.I. Last								
Address									Apartment/unit #		
City		St	tate/co	untry					Postal code		
Home phone		Н	Home email								
Cell phone Da				Date of birth							
Company inform	ation										
Company name								Job title			
Address								I	Suite/floor		
City		S	itate/co	ountry					Postal code		
Office phone		С	Office email								
Company web addres	S										
Architecture deg	ree			Month/year received		Schoo	ıl				
License informat	ion Your license mus	st be active to be 6	eliaible	for Architect member	ershin						
State		Date awarded			Expiratio date	n			License number		
State		Date awarded			Expiration date				License		
	Please provide your initial State licensure information:				Year				Month		
view a list of chapters, or a list of chapters, or a list of chapters. Assign me to the local or according to the code of ethics	ganization requiring m visit <u>aia.org/find-chap</u> nining your chapter as: AIA chapter	ter signment, contact	t Memb	er Support at (800)	242 3837,	option	2 or (2 base	02) 626 730 ed on my:	O, option 2 (outside t Home address OR	Office address	
AIA members agree to	abide by the <u>AIA Byla</u> v	ws, the <u>AIA Code</u>	of Ethi	cs and Professional (<u>Conduct</u> ar	nd agre	e to the	Terms & Co	<u>nditions</u> for members	hip.	
☐ I agree to abide by t	the Code of Ethics stat	ed in the AIA Byla	aws an	d Terms & Condition		ature				Date	



Ethnicity Primary

Hispanic/Latino

☐ Caucasian

☐ Asian

Demographic information

☐ Middle Eastern and North African

☐ Black or African American ☐ Indigenous American

Other Race/Ethnicity

Hispanic - Mexican
Hispanic - Puerto Rican

Black or African American
American Indian

☐ Prefer not to say

Ethnicity Secondary

Hispanic - Cuban

Hispanic -Other Caucasian

☐ Native Hawaiian

☐ Alaskan Native

Asian - Indian

Asian - Japanese

Asian - Chinese

Asian - Korean
Asian - Filipino
Asian - Vietnamese

Asian - Samoan
Asian - Chamorro (Guam)

Asian - Other

☐ North Africa

Middle Eastern

	☐ New Member
	☐ Former Member
	AIA Member ID
Pı	rofessional information
Jo	b role
	Sole proprietor
	Executive
	Office management/Operations
	Sustainability
	Human Resources
	Finance
	Legal
	Sales/business development
	Project management
	Design/Planning (e.g., architecture/interior/landscape
_	design)
_	Technology
ᆜ	Specifications
\sqsubseteq	Construction management
ᆜ	Engineering
ᆜ	Owner/facilities management
ᆜ	Regulatory
	Consultant
Ш	Educator
	Research
	Student
	Retired
	Enthusiast/consumer

Are you a member of any of the following professional

USGBC Local Member (Individual)

☐ USGBC National Member (Company)

organizations?

☐ GBCI LEED AP #_

Membership dues

Asian - Other Pacific Islander

To determine your state and local dues, contact AIA Member Services at 1 (800) 242 3837, option 2 or 1+ (202) 626 7300, option 2 (outside the US), or you may also use the online Dues Estimator at <u>duesestimator aia.org</u>.

☐ Hard of hearing ☐ Visual

☐ Mobility

The demographic information gathered by AIA

is used solely for the purpose of fulfilling AIA's

provide to AIA will be used for internal reporting

purposes only to ensure we accurately reflect our

mandate to you. Personal information you

membership demographics.

Gender identity

Non-binary

Orientation

Disability

☐ None ☐ Deaf

☐ Blind ☐ Other

☐ LGBTQIA+

Self-described __ Prefer not to say

Female
Male

				JOIN	ING				
	10/1/23- 01/31/24	2/1/24- 2/28/24	3/1/24- 3/31/24	4/1/24- 4/30/24	5/1/24- 5/31/24	6/1/24- 6/30/24	7/1/24- 7/31/24	8/1/24- 8/31/24	9/1/24- 9/30/24
Local Dues	\$	\$	\$	\$	\$	\$	\$	\$	\$
State Dues	\$	\$	\$	\$	\$	\$	\$	\$	\$
National Dues	\$318.00	\$291.50	\$265.00	\$238.50	\$212.00	\$185.50	\$159.00	\$132.50	\$106.00
TOTAL DUES	\$	\$	\$	\$	\$	\$	\$	\$	\$

Membership total dues amounts must be completed for local and state chapters prior to submission.

Payment

Please submit full payment of your local, state, and national dues. The Dues installment plan is available October 1, 2023–April 30, 2024. To enroll, please visit aia.org/duesinstallment. 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: Vi	sa 🗌 MasterCard 🔲 A	American Express D	iscover	
Card number	Expiration date	CVV code			
Billing address					
Name of cardholder	Signature			Date	
Please let us know who pays your professional AIA members	hip dues:	any (full payment) 🔲 Fi	irm/company (partial pa	ayment) 🔲 I pay them	

Please remit application and payment to:

By mail: The American Institute of Architects-Membership, PO Box 830080, Philadelphia, PA 19182-0080

Questions? Email us at: membersupport@aia.org. For your security, please do not transmit credit card information by email.